



TOWN OF OCONOMOWOC

W359 N6812 Brown Street
Oconomowoc, WI 53066

For Inspection Call
Phone: (262) 490-4141

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

Heating, Ventilating & Air Conditioning Permit Application

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
--------------	--------------------------------------	-------------------------------

CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
-------------------	--------------------------------------	-------------------------------

ESTIMATED COST	LICENSE NUMBER
----------------	----------------

LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS*	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
---	--------------------------------------	-------------------------------

SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING, ADDITION, REMODELING	Base Fee	\$50.00	_____	_____
	Plus08/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

Gas, oil, electric and coal furnace and boiler or heat pump				
One and two family - First 150,000 BTU	45.00	_____	_____	
Commercial - First 150,00 BTU	55.00	_____	_____	
All over 150,000 BTU	\$20/50,000 BTU	_____	_____	
Air Conditioning and mini-split				
One and two family	45.00	_____	_____	
Commercial.....	55.00	_____	_____	
All over 36,000 BTU (3 tons)	\$5/12,000 BTU	_____	_____	
Fireplace and wood burning stove.....	100.00	_____	_____	
Electric baseboard, wall unit and cabinet unit.....	1.50/KW	_____	_____	
Duct work alteration	50.00	_____	_____	
Other		_____	_____	

***NOTE: If HVAC Contractor is reconnecting 'Like for Like' replacement(s), add another \$50.00 onto this permit.**

Minimum Permit Fee..... \$50.00 Each

Reinspect Fee

Failure to call for inspection

QUADRUPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial, and buildings housing over two families shall have **State Approved** heating plans with his application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless noted below _____	Name _____ Date _____ Certification No. _____

NO REFUNDS ON PERMITS