

# HEATING, VENTILATING & AIR CONDITIONING



## Permit Application

For  
**Building Inspection**  
call **(262) 490-8270**

Submit application to [inspector@townofwaukesha.us](mailto:inspector@townofwaukesha.us)

W250S3567 Center Road  
Waukesha, WI 53189

PERMIT NO. _____
TAX KEY# <b>Required</b> <b>WAKT</b>
BUILDING PERMIT # _____

<b>PROJECT LOCATION</b> (Building Location) _____	
<b>PROJECT DESCRIPTION</b>	<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

<b>NEW BUILDING ADDITIONS REMODELING</b>		EACH	COUNT	FEE
Base Fee.....		\$55.00		
Fee ..... (Min. \$55.00) .....		.06/sq. ft. for all areas	_____ Sq. ft.	
<b>REPLACEMENT AND MODIFICATIONS OF HEATING AND AIRCONDITIONING EQUIPMENT &amp; MISC. ITEMS</b>				
Gas, oil, electric and coal furnace and boiler				
One and two family - first 150,000 BTU.....		\$55.00		
Commercial - First 150,000 BTU .....		\$55.00		
All over 150,000 BTU.....		\$3/50,000BTU		
Air Conditioning      One and two family		\$55.00		
Commercial .....		\$55.00		
All over 36,000 BTU .....		\$2/12,000BTU		
Fireplace and Woodburning stove.....		\$55.00		
Electric baseboard, wall unit and cabinet unit.....		1.25/kw		
<b>Duct Work Alteration / Plenum Alteration.....</b>		<b>\$55.00</b>		
Other .....				

Minimum Permit Fee.....\$55.00  
 Reinspect Fee.....\$55.00 Each  
 Failure to call for inspection .....\$55.00 Each  
**DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.**

**Please include self-addressed stamped envelope for permit returned.**

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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. Call 262-366-2400. Give at least 24 hours notice on all inspections.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CONDITIONS OF APPROVAL:** This permit is issue 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 this applications. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-366-2400 for inspections. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ _____	<b>Permit Expires 90 Days</b> from date unless otherwise noted below	Name _____ Date _____ Certification No. _____
<b>NO REFUNDS ON PERMITS</b>	Rec. By _____	_____	_____