



Town of Mukwonago

W320 S8315 Beulah Rd. • Mukwonago, WI 53149
Phone: (262) 363-4555 • Fax: (262) 363-8377

For inspection call
(262) 363-2063

Permit No. _____

Tax Key # _____

Heating, Ventilating & Air Conditioning Permit Application

| | |
|--|---|
| PROJECT LOCATION (Building Location) | _____ |
| 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 (Lic. No.) _____ | Mailing Address (Include City & Zip) _____ | Telephone (Include Area Code) _____ |
| Estimated Cost _____ | License Number _____ | Building Permit Number _____ |
| List Electrical Contractor for all HVAC Replacements _____ | Mailing Address (Include City & Zip) _____ | Telephone (Include Area Code) _____ |

SCHEDULE OF INSPECTION FEES

| NEW BUILDING | EACH | COUNT | FEE |
|----------------|-------------------------------|---------------|---------|
| Base Fee | \$35.00 | _____ | \$35.00 |
| Fee | \$.03/sq. ft for all areas | _____ Sq. ft. | _____ |

REPLACEMENT AND MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT & MISC. ITEMS

| | | | |
|--|----------------|--|--|
| Gas, oil, electric and coal furnace and boiler | | | |
| One and two family - first 150,000 BTU | \$ 25.00 | | |
| Commercial - First 150,000 BTU | 35.00 | | |
| All over 150,000 BTU | \$3/50,000BTU | | |
| Air Conditioning One and two family | 25.00 | | |
| Commercial | 35.00 | | |
| All over 36,000 BTU | \$2/12,000 BTU | | |
| Fireplace and Woodburning stove | 25.00 | | |
| Electric baseboard, wall unit and cabinet unit | 1.25/kw | | |
| Duct Work Alteration | 25.00 | | |
| Other | | | |

Minimum Permit Fee \$35.00
 Reinspection Fee \$25.00 each
 Failure to call for inspection \$25.00 each

DOUBLE FEES WILL BE CHARGED IF WORK IS 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. Call 262-363-2063. 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 this application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Please call 262-363-2063 for inspections. Give at least 24 hours notice.

| FEES | Permit(s) Required | Permit Expiration | Permit Issued by Municipal Agent |
|--------------------------|---|--|----------------------------------|
| Plan Review Fee _____ | <input type="checkbox"/> Construction _____ | Permit Expires 90 Days from date issued unless otherwise noted below. | Name _____ |
| Inspection Fee _____ | <input type="checkbox"/> HVAC _____ | | Date _____ |
| Administration Fee _____ | <input type="checkbox"/> Electrical _____ | | Certification Number _____ |
| Other _____ | <input type="checkbox"/> Plumbing _____ | | |
| Total _____ | <input type="checkbox"/> Other _____ | | |