



# VILLAGE OF SUMMIT

2911 N. Dousman Road  
Summit, WI 53066

For Inspection, call: (262) 490-4141

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

## Heating, Ventilating & Air Conditioning Permit Application

<b>PROJECT LOCATION</b> (Building Address)	
<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		EACH	COUNT	FEE
<b>NEW BUILDING, ADDITION, REMODELING</b>	Base Fee .....	\$50.00	_____	_____
	Plus .....	.06/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS			
Gas, oil, electric and coal furnace and boiler			
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			
One and two family .....	45.00	_____	_____
Commercial.....	55.00	_____	_____
All over 36,000 BTU .....	\$5/12,000 BTU	_____	_____
Fireplace and wood burning stove.....	55.00	_____	_____
Electric baseboard, wall unit and cabinet unit.....	1.50/KW	_____	_____
Duct work alteration .....	40.00	_____	_____
Other .....		_____	_____

**\*NOTE: If no electrical contractor is listed above, add \$50.00 for electrical reconnect of HVAC replacement(s).**

Minimum Permit Fee..... \$50.00 Each  
 Reinspect Fee ..... \$50.00 Each  
 Failure to call for inspection ..... \$50.00 Each  
 DOUBLE 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.

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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**