Town of Eagle
P.O. Box 327
820 E Main St
Eagle, Wi 53119

HVAC Inspections
call (262) 210-3226

PERMIT NO.
TAX KEY #
Attached with Building Permit #

HEATING, VENTILATING & AIR CONDITIONING

Permit Application

PROJECT ADDRESS:
PROJECT DESCRIPTION:
☐ Commercial ☐ One and Two Family
Estimated Cost

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

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

E-MAIL ADDRESS	CONTRACTOR REGISTRATION NUMBER	LICENSE NUMBER

(Option 1) SCHEDULE OF PERMIT FEES — **Fee**

BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS $70.00

Plus $ .06 per sq.ft. for entire project area..... sq.ft Fee $

Total $

"OR" (Option 2) MISCELLANEOUS ITEMS

	Each	Count	Fee
New air conditioning unit up to 3 tons or 36,000 BTU	$70.00		
Each additional Ton or Fraction Thereof	$17.00		
New Furnace up to 150,000 BTU	$70.00		
Each additional 50,000 BTU	$15.00		
Bathroom/Kitchen Ventilation System	$20.00		
Commercial/Industrial Exhaust Hoods	$180.00		
Commercial Intake Systems	$70.00		
Addin/Removing Ductwork and/or Registers	$70.00		
Adding/Removing trunk lines	$70.00		

****Permits not required for direct replacements****

Minumum permit Fee $70.00

Reinspect Fee	$70.00 Each
Failure to Call for inspection	$70.00 Each

Total Fees $

*****DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED*****

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, housings over two families shall have **State Approved** heating plans with this application. Residential shall include heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Please call 262-352-4433 for Inspections. Give atleast 24 hours notice.

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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant_____ Date_____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee $_____	Ck #_____	**Permit Expires**	
	Date_____	**90 Days** from date	Name_____
If you would like a copy of the	From_____	unless otherwise	Date_____
permit, please send a stamped	_____	noted below	
self addressed envelope.	Rec. By_____	**NO REFUNDS ON PERMITS**	Certification#_____