



# VILLAGE OF SUMMIT

37100 Delafield 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 NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR 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 (number of buildings).....	\$50.00	_____	_____
	Plus square footage or line items below.....	\$.09/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS			
Gas, oil, electric furnace, boiler, 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, 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, air handler, ERV, appliance gas piping, other.....		50.00	_____
Administrative permit preparation.....			_____

**\*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 .....	\$50.00 Each
Failure to call for inspection .....	\$50.00 Each

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

*\* Please include self-addressed stamped envelope for a copy of issued permit, otherwise a copy will not be sent back.*

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**