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

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	☐ COMMERCIAL ☐ 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
NEW BUILDING, ADDITION, REMODELING	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

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

QUADRUPLE 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.

_____

_____

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

3/24