



Town of East Troy
N9330 Stewart School Rd.
PO Box 872
East Troy, WI 53120

HVAC Inspections
Vince (262) 366-2400

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 #	LICENSE NUMBER

SCHEDULE OF PERMIT FEES		Fee
BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS		\$65.00
Plus \$.07 per sq.ft. for all areas	Total sq.ft.	Fee \$
		Total \$

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS			
	Each	Count	Fee
Gas,oil, electric and coal furnaces and boilers			
One and two family - first 150,000 BTU	\$65.00		
Commercial - first 150,000 BTU	\$65.00		
All over 150,000 BTU	\$3/50,000 BTU		
Air Conditioning			
One & Two Family	\$65.00		
Commercial	\$65.00		
All over 36,000 BTU	\$2/12,000 BTU		
Fireplace and Wood Burning stoves	\$65.00		
Electric baseboard, wall unit and cabinet units	\$1.25/kw		
Duct work alteration	\$125.00		
Other			

Minimum Permit Fee **\$65.00 Each**
Reinspect Fee \$65.00 Each
Failure to Call for inspection \$65.00 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. Give at least 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)366-2400 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 90 Days from date unless otherwise noted below	Name _____
If you would like a copy of the permit, please send a stamped self addressed envelope.	Date _____		Date _____
	From _____		Certification# _____
	Rec. By _____		

NO REFUNDS ON PERMITS