Town of Ixonia

W1195 MARIETTA AVENUE • PO BOX 109
IXONIA, WI 53036
FOR INSPECTION CALL:
(920) 988-9795

Permit No.:
Tax Key #: 012-0816-
Building Permit # IX-

Heating, Ventilating, & Air Conditioning Permit

Project Location (Building Address)	
Project Description	☐ COMMERCIAL ☐ ONE & TWO FAMILY

OWNER'S NAME	MAILING ADDRESS – INCLUDE CITY & ZIP	TELEPHONE – INCLUCE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS – INCLUDE CITY & ZIP	TELEPHONE – INCLUCE AREA CODE
List Electrical Contractor for all HVAC Replacements	MAILING ADDRESS – INCLUDE CITY & ZIP	TELEPHONE – INCLUCE AREA CODE
ESTIMATED COST	LICENSE	EMAIL (TO RECEIVE PERMIT)

	SCHEDULE OF INSPECTION FEES	EACH	COUNT	FEE
NEW BUILDING, ADDITIONS, REMODELING	BASE FEE	$50.00		
	PLUS ----------(Min $75.00)	.06/Sq Ft - All Areas	SQ FT	
REPLACEMENT, MODIFICCATIONS OF HEATING & AIR CONDITIONING & MISC. ITEMS				
Gas, oil, electric, and coal furnace and boiler				
	One and two family - first 150,000 BTU	$45.00		
	Commercial - Frist 150,000 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				
	Minimum Permit Fee	$50.00/Ea.		
	Reinspection Fee	$50.00/Ea.		
	Failure to call for inspection	$50.00/Ea.		
	DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED			

The applicant agrees to comply with the Municipal Ordinances & 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: & certifies that all the above info is accurate. Have Permit/Application number & address when requesting 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 this 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#	**Permit Expires 90 Days** from date unless otherwise noted below.	Name:
	Date:		Date:
	From:		Certification #:
	Rec. By:	_____	