

Town of Spring Prairie

N6097 State Hwy 120
 Burlington, WI 53105
 (262) 366-2400

For
Building Inspection
 call (262) 366-2400 (Vince Budiak)
 (262) 352-4433 (Scott Johnson)

PERMIT NO.
TAX KEY#
BUILDING PERMIT #

MECHANICAL Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<input type="checkbox"/> Commercial <input type="checkbox"/> One & Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	LICENSE NUMBER	

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITION, REMODELING	Electric Services	Single Phase First 200 amps	\$80.00
		every additional 100 amps	\$12.00
		Three Phase First 200 amps	\$120.00
		every additional 100 amps	\$12.00
	Electric	Commercial / Industrial	\$75
	New / Existing	Agricultural	\$65
		RESIDENTIAL: Addition/Remodel	\$65

SCHEDULE OF INSPECTION FEES

	Plumbing	Commercial / Industrial	\$75
	New / Existing	Agricultural	\$65
		RESIDENTIAL: Addition/Remodel	\$65

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** plans with this application. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-366-2400 for inspections. Give at least 24 hours notice.

Minimum permit fee - \$65

Reinspect Fee \$40.00 each
 Failure to call for inspection..... \$35.00 each
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

TOTAL:

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 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 _____

Please include self-addressed envelope with two first-class stamps for permit returned.

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

NO REFUNDS ON PERMITS