

Town of Troy

N8870 Briggs Road
East Troy, Wisconsin 53120

For inspection call
(262) 366-2400

Heating, Ventilating & Air Conditioning Permit Application

Permit No. _____

Tax Key # _____

PROJECT LOCATION
(Building location)

PROJECT DESCRIPTION

Commercial One & Two Family

Owner's Name _____	Mailing Address (Include City & Zip) _____	Telephone (Include Area Code) _____
Contractor's Name (Lic. No.) _____	Mailing Address (Include City & Zip) _____	Telephone (Include Area Code) _____
Estimated Cost _____	License Number _____	Building Permit Number _____
List Electrical Contractor for all HVAC Replacements _____	Mailing Address (Include City & Zip) _____	Telephone (Include Area Code) _____

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITIONS & REMODELING		EACH	COUNT	FEE
				sq. ft.
	I & 2 Family Residential038/sq. ft. + \$35 Base Fee for all areas	_____	_____
	Commercial05/sq. ft. + \$45 Base Fee for all areas	_____	_____

REPLACEMENT AND MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT & MISC. ITEMS

Base Fee plus Individual Fee below			
Gas, oil, electric and coal furnace and boiler			
One and two family - first 150,000 BTU	\$35.00	_____	_____
Commercial - First 150,000 BTU	\$45.00	_____	_____
All over 150,000 BTU	\$3/50,000BTU	_____	_____
Air Conditioning One and two family	\$45.00	_____	_____
Commercial	\$45.00	_____	_____
All over 36,000 BTU	\$2/12,000BTU	_____	_____
Fireplace and Woodburning stove	\$45.00	_____	_____
Electric baseboard, wall unit and cabinet unit	1.25/kw	_____	_____
Duct Work Alteration/Plenum Work	\$45.00	_____	_____
Other		_____	_____

Minimum Permit Fee \$65.00
 Reinspection Fee \$40.00 each
 Failure to call for inspection..... \$40.00 each

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

DOUBLE FEES WILL BE CHARGED IF WORK IS 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. Call 262-366-2400. 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 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.

FEES	Permit(s) Required	Permit Expiration	Permit Issued by Municipal Agent
Plan Review Fee _____	<input type="checkbox"/> Construction _____	Permit Expires 90 Days	Name _____
Inspection Fee _____	<input type="checkbox"/> HVAC _____		Date _____
Administration Fee _____	<input type="checkbox"/> Electrical _____		Certification No. _____
Other _____	<input type="checkbox"/> Plumbing _____		
Total _____	<input type="checkbox"/> Other _____		