

W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-6039 *NOTE*: All Highlighted Areas must be completed	HVAC PERMIT APPLICATION CITY or VILLAGE OF PEWAUKEE	Permit No. _____ Parcel No. _____
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Building Type	Use
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Building Site Address:	Suite No.
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Owner's Name:	Mailing Address	Tel.
	Email Address	Cell#
Tenant's Name:	Mailing Address	Tel.
	Email Address	Cell#
Contractor Name:	Mailing Address	Tel.
	Email Address	Cell#
Contractor License #		

PROJECT DESCRIPTION	ESTIMATED PROJECT COST \$ _____
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PROJECT TYPE	COMMERCIAL EXHAUST	Fireplace / Solid Fuel Appliances
<input type="checkbox"/> Single Family <input type="checkbox"/> Industrial <input type="checkbox"/> Other: <input type="checkbox"/> Multi-Family <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Utility	No. of Units _____	No. of Units _____

1. PROJECT	3. STORIES	4. USE	5. HEATING
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____	# of Stories _____ <input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	Furnaces No. of New _____ No. of Additions _____ No. of Replacement _____

2. AREA INVOLVED (sq. ft)				6. COOLING						
AREA	UNIT 1	UNIT 2	TOTAL	A/C Units						
Unfin. Bsmnt				No. of New _____ No. of Additions _____ No. of Replacement _____						
Finish Bsmnt				7. ENERGY SOURCE						
1 st Flr Living				Fuel	Nat. Gas	LP	Oil	Electric	Solid	Solar
2 nd flr Living				Space Htg						
3 RD flr Living				Water Htg						
Att. Garage				<input type="checkbox"/> Dwelling unit has 3 Kilowatt or more in Electric Space Heating Equipment Capacity						
Enc. Porch				8. HEAT LOSS						
Open Porch				_____ BTU/HR Total calculated envelope and infiltration losses						
Deck				("maximum" on) allowable Heating Equipment Output on Energy Worksheet; Total building						
Other:				heating load Rescheck report						
Totals										

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

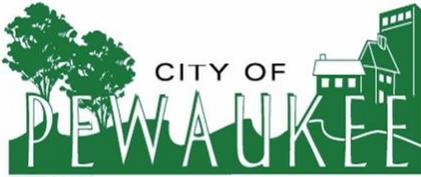
I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an electrical or construction permit without a Dwelling Contractor Financial Responsibility Certification or electrical license and have read the cautionary statement regarding contractor responsibility. No refunds issued after work has begun. By applying for this permit, you are authorizing City personnel to inspect this property within the scope of their duties.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

***** ALL ROOFTOP AND GROUND MECHANICALS SHALL BE SCREENED FROM PUBLIC VIEW *****

PERMIT FEES:	Fees for work begun without permit	ACTIVE PERMITS	PERMIT ISSUED BY:
Permit \$ _____	<input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE	Active building permit No.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____
Total \$ _____	Total Doubled \$ _____	Permit # _____	Date _____ Tel. _____
From fee calculations OR Minimum, whichever is greater.		Municipality # of Dwelling Location	Cert No. _____



Building Services Department
 W240 N3065 Pewaukee Road
 Pewaukee, WI 53072
 (262) 691-9107 Fax: (262) 691-6039



HVAC PERMIT FEES WORKSHEET

OWNER: _____ **PHONE:** _____

ADDRESS: _____

DESCRIPTION	FEE	
a. <u>All Building Types - New Buildings & New Additions</u> ~ Base Fee + Square Foot	\$50.00 base fee plus ____ 0.05/sq. ft/floor	_____
b. <u>Alteration to Distribution System</u>	\$50.00 base fee plus ____ 0.05/sq. ft/floor	_____
c. <u>New Furnace Unit, Additions or Replacements</u>	____ \$60.00/unit	_____
d. <u>New A/C Unit, Additions or Replacements</u>	____ \$60.00/unit	_____
e. <u>Fireplaces, Wood Burning Appliances</u>	____ \$60.00 each	_____
f. <u>Commercial Exhaust Units</u>	\$150.00 first unit ____ x \$25.00/additional unit	_____
g. <u>Commercial Application/Review</u> <i>New Buildings or additions to commercial buildings</i>	\$75.00	_____
h. <u>Re-inspection – Per inspection</u> <i>Fee must be paid IN PERSON prior to scheduling re-inspection</i>	____ \$75.00/inspection	_____

SUBTOTAL _____

x2: Fees double if work started without permit. _____

TOTAL AMOUNT DUE _____