



**Town of Mukwonago**  
 W320 S8315 Beulah Road  
 Mukwonago WI 53149

HVAC Inspections  
 call (262) 352-4433  
 fax (262) 363-8377

PERMIT NO.
TAX KEY # <b>MUKT</b>
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 NUMBER	LICENSE NUMBER

**SCHEDULE OF PERMIT FEES**

**Fee**

<b>BASE FEE ON ALL NEW BUILDING, ADDITIONS &amp; REMODELS .....</b>		<b>\$ 70.00</b>
<b>Plus \$ .06 per sq.ft. for all project areas.....</b>	sq.ft	Fee
		<b>Total \$</b>

**OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS**

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

Reinspect Fee                    \$70.00 Each  
 Failure to Call for inspection \$70.00 Each

Total Fees

**Minimum Permit Fee \$70.00**

**\*\*\*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. Please call 262-352-4433 for Inspections. Give atleast 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 262-352-4433. Give at least 24 hours notice on all inspections.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**FEES:                    RECEIPT                    PERMIT EXPIRATION:                    PERMIT ISSUED BY MUNICIPAL AGENT**

Permit Fee \$ _____  <b>If you would like a copy of the permit, please send a stamped self addressed envelope.</b>	Ck # _____	<b>Permit Expires          90 Days from date          unless otherwise          noted below</b>	Name _____
	Date _____		Date _____
	From _____		Certification# _____
	Rec. By _____		

**NO REFUNDS ON PERMITS**