



# Town of Mukwonago

W320 S8315 Beulah Rd. • Mukwonago, WI 53149  
Phone: (262) 363-4555 • Fax: (262) 363-8377

For  
**Building Inspection**  
call **(262) 363-2063**

PERMIT NO.
TAX KEY#
BUILDING PERMIT #

## HEATING, VENTILATING & AIR CONDITIONING Permit Application

<b>PROJECT LOCATION</b> (Building Location)	
<b>PROJECT DESCRIPTION</b>	<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
ESTMATED COST	LICENSE NUMBER	
LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE

### SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITION, REMODELING		EACH	COUNT	FEE
		Base Fee.....	\$35.00	
Fee .....	.04/sq. ft. for all areas		Sq. ft.	

### REPLACEMENT, MODIFICATIONS & MISC. ITEMS

Gas, oil, electric and coal furnace and boiler			
One and two family - first 150,000 BTU .....	\$25.00		
Commercial - First 150,000 BTU .....	\$35.00		
All over 150,000 BTU .....	\$3/50,000BTU		
Air Conditioning      One and two family	\$25.00		
Commercial .....	\$35.00		
All over 36,000 BTU .....	\$2/12,000BTU		
Fireplace and Woodburning stove.....	\$25.00		
Electric baseboard, wall unit and cabinet unit.....	1.25/kw		
Duct Work Alteration .....	\$25.00		
Other .....			

Minimum Permit Fee..... \$35.00  
 Reinspection Fee..... \$25.00 each  
 Failure to call for inspection..... \$25.00 each

**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 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 262-363-2063. Give at least 24 hours notice on all inspections.

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

**CONDITIONS OF APPROVAL:** This permit is issue 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 applications. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-363-2063 for inspections. Give at least 24 hours notice.

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

**NO REFUNDS ON PERMITS**