Call for Inspection:		Town of Erin, Washington County			Permit No:		
262-673-3682 ext. 124	HVA	C PERMIT A	APPLICATION	PPLICATION Tax Key No:			
PROJECT ADDDRESS				•			
Property Owner Information			Contractor Information				
Name:			Name:				
Address:			Address:				
Phone: Email:			Phone: Email:				
Project Description:			Contractor No:				
			Project Type: Residential Commercial Estimate			ect Cost:	
Furnace #1 Make & Model: BTUs:			A/C #1 Make & Model:			Tonnage:	
Furnace #2 Make & Model: BTUs:			A/C #2 Make & Model:	Tonnage:			
Electrical Contractor Name:			Phone:				
SECTION 1: NEW CONSTRUCTION, ADD	DITIONS ANI	REMODELING (>	>500 \$Q. FE)(transfer total	l of section 1 o	r 2 to application	n subtotal below)	
Residential Inspection Fee Schedule New 1 or 2 Family Homes and Additions >5	Sq. Ft (x .025/sq.ft. = all areas)	+ Base Fee	\$50.00 =TO	TALFEE\$		
Commercial/Industrial Inspection Fee Sch New Structures and Additions >500 sq. ft). xx	035/sq.ft, . \$ Ft. (all areas)	+ Base Fee 50.00	=TOTAL FEE	\$		
SECTION 2: REPLACEMENTS, ALTE	ERATIONS A	AND MODIFICAT	TIONS, BOTH RESIDEN	NTIAL AND (COMMERCIAL	∠ (<500 SQ. FT.)	
Description			Count	Pric	e	Fee	
1. Gas, oil or alternative fuel furnace or boiler, first 150,000 BTU					30.00		
Each additional 50000 13Th (or fraction			15.00				
2. Air Conditioning, first 3 tons			30.00				
Each additional ton (or fraction of)				1	15.00		
3. Heating or A/C distribution system (d	llteration	Sq. ft.		r 100 sq. ft conditioned			
4. Gas or alternative fuel fireplace (woo			30.00				
5. Commercial exhaust hoods and exhaust systems				50.0	0 per unit		
6. Commercial permanently installed w		40.0	0 per unit				
Section 2 Subtotal (if work completed totals less than \$50, minimum charge of \$50 applies)						\$	
Reinspection fee					50.00		
Failure to call for inspection			50.00				
Application Subtotal (total of sections 1 or 2)							
Administrative Fee: (required on all permits) x 0.15						\$	
TOTAL PERMIT FEE:						\$	
Permit expires 2 years from	n date of issu			k is commen	ced prior to pe	ermit issuance.	
		CONDITIO	ONS OF APPROVAL				
By signing this application, applicant agree no legal liability by the Department, Mun and accurate and hereby agrees to grant accurate	nicipality Age	ency or Inspector.	The applicant also certific	es that all infor	rmation on this p	permit application is true	
Signature of Applicant:				Date:			
Mail completed permi	t application,	, including check m	nade payable to, Town of I	Erin, 1846 Hw	y 83, Hartford,	WI 53027	
Issued by: Date:				Certification #:			
		OFF	ICE USE ONLY				
Check #: From:				Date:	Date:		