Call for Inspection:		Town of Erin, Washington County			Permit No:		
262-673-3682 ext. 124 HVAC PER		PERMIT A	PPLICATION	Tax Key No	'ax 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 Estimated			ject Cost:	
Furnace #1 Make & Model: BTUs:			A/C #1 Make & Model:			Tonnage:	
Fumace #2 Make & Model: BTUs:			A/C #2 Make & Model:			Tonnage:	
Electrical Contractor Name:			Phone:				
SECTION 1: NEW CONSTRUCTION, ADDI	TIONS AND RI	EMODELING (>	500 \$Q. FE)(transfer total	of section 1 o	r 2 to application	on subtotal below)	
Residential Inspection Fee Schedule New 1 or 2 Family Homes and Additions >500) sq, ft Sq. Ft (all a		+ Base Fee	\$50.00 =TO	TALFEE\$		
Commercial/Industrial Inspection Fee Sched New Structures and Additions >500 sq. ft.	dule _x .035/s		+ Base Fee 50.00	=TOTAL FEE	\$		
SECTION 2: REPLACEMENTS, ALTER	RATIONS ANI	D MODIFICAT	TONS, BOTH RESIDEN	TIAL AND C	COMMERCIA	L (<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 of)					15.00		
2. Air Conditioning, first 3 tons					30.00		
Each additional ton (or fraction of)					15.00		
3. Heating or A/C distribution system (ductwork) or alteration			Sq. ft.	\$2.50 per of area of c	r 100 sq. ft onditioned		
4. Gas or alternative fuel fireplace (wood			30.00				
5. Commercial exhaust hoods and exhaust systems				50.00	0 per unit		
6. Commercial permanently installed wal		1	0 per unit				
Section 2 Subtotal (if work completed to	otals less thar	n \$50, minimu	ım charge of \$50 appl	lies)		\$	
Reinspection fee			50.00				
Failure to call for inspection					50.00		
Application Subtotal (total of sections 1 or	r 2)						
Administrative Fee: (required on all permits) x 0.15						\$	
TOTAL PERMIT FEE:						\$	
Permit expires 2 years from 6	date of issuan			k is commen	ced prior to p	ermit issuance.	
		CONDITIO	NS OF APPROVAL				
By signing this application, applicant agree	e to comply w	ith all applicable	a state and local codes ar	ud understands	that the iccuan	ca of this parmit creates	
no legal liability by the Department, Municand accurate and hereby agrees to grant accurate	cipality Agency	y or Inspector. T	he applicant also certifie	s that all infor	mation on this	permit application is true	
Signature of Applicant:				Date:			
Mail completed permit a	application, inc	cluding check ma	ade payable to, Town of I	Erin, 1846 Hw	y 83, Hartford,	, WI 53027	
Issued by: Date:			Certification #:				
		OFFI	CE USE ONLY				
Chack #:	From			Date			