Call for Inspection:	Town of Erin, Washington County HVAC PERMIT APPLICATION		Permit No:			
262-673-3682 ext. 124			Tax Key No:			
Owner: Ma		Mailing Address:	ailing Address:			
Project Address: F		Project Type: Residential Commercial				
Contractor:		Mailing Address:				
Contractor's License #: Co		Contractor's Phone:	Contractor's Phone:			
Project Description:						
SECTION 1: NEW CONSTRUCTION, AD	DITIONS AND REMODELI	NG (>500 \$Q. FE) (transfer	r total of section 1 or 2 to	application subtotal		
Residential Inspection Fee Schedule						
New 1 or 2 Family Homes and Additions >5	00 sq, ftx .025/sq.f Sq. Ft (all areas)	t. =\$+ Base F	See $50.00 = TOTALFE$	EE\$		
Commercial/Industrial Inspection Fee Sch New Structures and Additions >500 sq. ft Sq. F		+ Base Fee 50.00	=TOTAL FEE \$			
SECTION 2: REPLACEMENTS, ALTH	ERATIONS AND MODIFIC	CATIONS, BOTH RESIL	DENTIAL AND COMM	IERCIAL (<500 SQ.		
FT.) Description	Count	Price	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)		15.00				
3. Heating or A/C distribution system (d	Sq. ft.	\$2.50 per 100 sq. ft of area of conditioned				
4. Gas or alternative fuel fireplace (woo		30.00				
5. Commercial exhaust hoods and exhaust s		50.00 per unit				
6. Commercial permanently installed wall units40.00 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 dat	o of issuance Double fee wi	Il be assessed if work is a		П		
remit expires 2 years nom dat		OF APPROVAL	ommeneed phor to per	lint issuance.		
By signing this application, applicant agrees creates no legal liability by the Department application is true and accurate and hereby is being performed.	, Municipality Agency or Insp	ector. The applicant also	certifies that all informati	on on this permit		
Signature of Applicant: Date:						
Mail completed permit applic	ation, including check made p	payable to, Town of Erin,	1846 Hwy 83, Hartford	I, WI 53027		
Check #.	From:	-				
Issued by:				Certification #:		
Z:\ErinDataWP\Forms\HVAC permit20170601.			Grundauon #.			

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