

Town of East Troy

N9330 Stewart School Rd. • P.O. Box 872
 East Troy, Wisconsin 53120 • 262-642-5386

For inspection call
(262) 366-2400

Permit No.
Tax Key #

Heating, Ventilating & Air Conditioning Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<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 (Lic. No.)	Mailing Address (Include City & Zip)	Telephone (Include Area Code)
Estimated Cost	License Number	Building Permit 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	Fee	EACH	COUNT	FEE
		Base Fee \$45.0005/sq. ft. for all areas	
REPLACEMENT AND MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT & MISC. ITEMS				
Gas, oil, electric and coal furnace and boiler				
One and two family - first 150,000 BTU		\$45.00		
Commercial - First 150,000 BTU		\$45.00		
All over 150,000 BTU		\$3/50,000BTU		
Air Conditioning One and two family		\$45.00		
Commercial		\$45.00		
All over 36,000 BTU		\$2/12,000BTU		
Fireplace and Woodburning stove.....		\$45.00		
Electric baseboard, wall unit and cabinet unit.....		1.25/kw		
Duct Work Alteration/Plenum Work		\$45.00		
Other				

Minimum Permit Fee \$45.00
 Reinspection Fee \$45.00 each
 Failure to call for inspection..... \$45.00 each

**Please include self-addressed envelope with
 two first-class stamps for permit return.**

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 this 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 262-366-2400. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

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 housing over two families shall have **State Approved** heating plans with this application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Please call 262-366-2400 for inspections. Give at least 24 hours notice.

FEES:	Permit(s) Required	Permit Expiration	Permit Issued by Municipal Agent
Plan Review Fee _____	<input type="checkbox"/> Construction _____	Permit Expires 90 Days	Name _____
Inspection Fee _____	<input type="checkbox"/> HVAC _____		Date _____
Administration Fee _____	<input type="checkbox"/> Electrical _____		Certification No. _____
Other _____	<input type="checkbox"/> Plumbing _____		
Total _____	<input type="checkbox"/> Other _____		