

Town of Sugar Creek
N6641 C Rd H
PO Box 287
Elkhorn, Wi 53121

HVAC Inspections
Harold (262) 422-3406
Vince (262) 352-4433

PERMIT NO.
TAX KEY #
Attached with Building Permit #

& AIR CONDITIONING

PROJECT ADDRESS:

PROJECT DESCRIPTION:

Commercial

One and Two Family

Estimated Cost

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
E-MAIL ADDRESS	CONTRACTOR REGISTRATION #	LICENSE NUMBER

SCHEDULE OF PERMIT FEES

Fee

BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS **\$65.00**

Plus \$.07 per sq.ft. for all areas

sq.ft

Fee

\$

Total \$

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	Each	Count	Fee
Gas,oil, electric and coal furnaces and boilers			
One and two family - first 150,000 BTU	\$65.00		
Commercial - first 150,000 BTU	\$65.00		
All over 150,000 BTU	\$3/50,000 BTU		
Air Conditioning			
One & Two Family	\$65.00		
Commercial	\$65.00		
All over 36,000 BTU	\$2/12,000 BTU		
Fireplace and Wood Burning stoves	\$65.00		
Electric baseboard, wall unit and cabinet units	\$1.25/kw		
Duct work alteration	\$125.00		
Other			

Minimum Permit Fee **\$65.00** Each

Reinspect Fee \$65.00 Each

Failure to Call for inspection \$65.00 Each

Total Fees \$ _____

*****DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED*****

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, housings over two families shall have **State Approved** heating plans with this application. Residential shall include heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Give at least 24 hours notice.

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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

FEES:

RECEIPT

PERMIT EXPIRATION:

PERMIT ISSUED BY MUNICIPAL AGENT

Permit Fee \$ _____

If you would like a copy of the permit, please send a stamped self addressed envelope.

Ck # _____
Date _____
From _____

Rec. By _____

Permit Expires
90 Days from date
unless otherwise
noted below

Name _____
Date _____
Certification# _____

NO REFUNDS ON PERMITS