

VILLAGE OF GREENDALE 6500 Northway Greendale, WI 53129-0257 Phone 414-423-2100 www.greendale.org	UNIFORM HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION	OFFICE USE ONLY Permit No. _____ Received _____
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ISSUING MUNICIPALITY TOWN CITY VILLAGE Greendale	PROJECT LOCATION _____ PROJECT DESCRIPTION _____ <input type="checkbox"/> ONE & TWO FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL
OWNER'S NAME _____	MAILING ADDRESS _____ TELEPHONE (Include Area Code) _____
CONTRACTOR'S NAME _____	CONTRACTOR'S EMAIL _____ ELECTRICAL CONTRACTOR _____
MAILING ADDRESS _____	TELEPHONE (Include Area Code) _____
CITY _____ STATE _____ ZIP _____	ELECTRICAL LICENSE NUMBER _____
STATE LICENSE NUMBER _____	TELEPHONE (Include Area Code) _____ COMPLETION DATE _____ ESTIMATED COST OF JOB \$ _____
MAKE & MODEL OF FURNACE / BOILER _____ BTUs _____	MAKE & MODEL OF A/C _____ TONNAGE _____
UNIT #1 _____	
UNIT #2 _____	
**C.F.C. HANDLING SHALL BE PERFORMED IN ACCORDANCE WITH COMM 45. STATE REGISTRATION NO. _____ **OIL TANK REMOVAL SHALL BE PERFORMED IN ACCORDANCE WITH COMM 10. **PROPER ASBESTOS ABATEMENT SHALL BE PERFORMED IN ACCORDANCE WITH STATE AND LOCAL REGULATIONS.	

SCHEDULE OF INSPECTION FEES
 NEW BUILDING, REPLACEMENT AND MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISCELLANEOUS ITEMS

	RATE	COUNT	FEE
GAS, OIL OR ALTERNATIVE FUEL FURNACE AND BOILER: <i>ONE & TWO FAMILY - 1st 150,000 BTU</i>	\$ 50.00/ea		\$
(IF BOILER, LIST PLUMBER) <i>COMMERCIAL - 1st 150,000 BTU</i>	50.00/ea		
<i>EACH ADDT'L. 50,000 BTU OR FRACTION THEREOF (\$750.00 MAX./UNIT)</i>	16.00		
AIR CONDITIONING <i>ONE & TWO FAMILY - 1st 3 TONS</i>	50.00/ea		
<i>COMMERCIAL - 1st 3 TONS</i>	50.00/ea		
<i>EACH ADDT'L. TON OR FRACTION THEREOF (\$750.00 MAX./UNIT)</i>	16.00		
ENERGY RECOVERY VENTILATORS	50.00/ea		
COMMERCIAL / INDUSTRIAL EXHAUST HOODS AND EXHAUST SYSTEMS	175.00/ea		
HEATING AND A/C DISTRIBUTUION SYSTEMS (DUCTWORK) - PER 100 SQUARE FEET OF AREA HEATED/AIR CONDITIONED.	\$1.80/100 sq. ft.		
THIS DISTRIBUTION SYSTEM SERVES _____ SQUARE FEET	Min. 50.00		
PLAN EXAM FEE	60.00/ea		
MINIMUM PERMIT FEE	50.00		
REINSPECTION FEE	50.00/ea		
FAILURE TO CALL FOR INSPECTION	50.00		
DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED (1ST OFFENSE)		X2	
TRIPLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED (2ND OFFENSE)		X3	
RECEIPT NO. _____ DATE PD: _____	TOTAL PERMIT FEE		\$

THE APPLICANT AGREES TO COMPLY WITH ALL 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. 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 IN NEW BUILDINGS SHALL BE SUBMITTED WITH THIS APPLICATION. FINAL INSPECTIONS ARE MANDATORY. PLEASE HAVE PERMIT NUMBER AND ADDRESS WHEN REQUESTING INSPECTIONS. GIVE AT LEAST 24 HOURS NOTICE.

SIGNATURE OF APPLICANT _____ **DATE** _____

DO NOT FILL IN BELOW - DEPARTMENT USE ONLY		
FEES	BUILDING PERMIT #	PERMIT ISSUED BY MUNICIPAL AGENT
INSPECTION \$ _____	BUILDING PERMIT # _____	NAME _____
PLAN EXAM _____	STATE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____
PRELIMINARY FEE _____	DATE APPROVED _____	CERTIFICATION NO. _____
BALANCE DUE _____		