

<b>VILLAGE OF GREENDALE</b> 6500 Northway Greendale, WI 53129-0257 Phone 414-423-2100 www.greendale.org	<b>UNIFORM HEATING, VENTILATING &amp; AIR CONDITIONING PERMIT APPLICATION</b>	<b>OFFICE USE ONLY</b> Permit No. _____  Received _____
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<b>ISSUING MUNICIPALITY</b>  OF _____	TOWN	CITY	VILLAGE	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) _____
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CONTRACTOR'S NAME _____	ELECTRICAL CONTRACTOR _____
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MAILING ADDRESS _____	TELEPHONE (Include Area Code) _____
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CITY _____	STATE _____	ZIP _____	ELECTRICAL LICENSE NUMBER _____
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STATE LICENSE NUMBER _____	TELEPHONE (Include Area Code) _____	COMPLETION DATE _____	ESTIMATED COST OF JOB \$ _____
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MAKE & MODEL OF FURNACE / BOILER _____	BTUs _____	MAKE & MODEL OF A/C _____	TONNAGE _____
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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 &amp; 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 ADDTL. 50,000 BTU OR FRACTION THEREOF</i> .....	16.00		
<i>(\$750.00 MAX./UNIT)</i>			
AIR CONDITIONING <i>ONE &amp; TWO FAMILY - 1st 3 TONS</i> .....	50.00/ea		
<i>COMMERCIAL - 1st 3 TONS</i> .....	50.00/ea		
<i>EACH ADDTL. TON OR FRACTION THEREOF</i> .....	16.00		
ENERGY RECOVERY VENTILATORS .....	50.00/ea		
COMMERCIAL / INDUSTRIAL EXHAUST HOODS AND EXHAUST SYSTEMS .....	125.00/ea		
HEATING AND A/C DISTRIBUTION SYSTEMS (DUCTWORK) - <i>PER 100 SQUARE FEET OF AREA HEATED/AIR CONDITIONED.</i>	\$1.70/100 sq. ft.		
THIS DISTRIBUTION SYSTEM SERVES _____ SQUARE FEET .....	Min. 50.00		
PLAN EXAM FEE .....	60.00/ea		
MINIMUM PERMIT FEE .....	50.00		
REINSPECTION FEE .....	55.00/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. _____	<b>TOTAL PERMIT FEE</b>		\$

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		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 _____			