



TOWN OF BROOKFIELD
 645 N Janacek Road
 Brookfield, WI 53045

HVAC Inspection
 Jason Chromy (262) 364-6969
 Jared Stawicki (262) 490-8270

PERMIT #
TAX KEY#
BUILDING PERMIT#
PROJECT LOCATION (Building Location)
PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

**HEATING, VENTILATING
 AND AIR CONDITIONING
 Permit Application**

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE

SCHEDULE OF INSPECTION FEES				
NEW BUILDING, ADDITION, OR REMODELING	Minimum Permit Fee	EACH	COUNT	FEE
		+New Construction/Remodel/Additions.....	\$65.00 + .06/sq. ft. For all areas	_____
REPLACEMENT, MODIFICATIONS, AND MISCELLANEOUS ITEMS + BASE FEES				
1. New Air Conditioning Unit up to 3 ton or 36,000 BTU		\$55.00/each	_____	_____
2. Each Additional Ton or Fraction Thereof		\$17.00/each	_____	_____
3. Maximum per-unit Fee		\$750.00/per	_____	_____
4. Replacement up to 150,000 BTU.....		\$ 55.00/each	_____	_____
5. Each Additional 50,000 BTU		\$ 15.00/each	_____	_____
6. Bathroom/Kitchen Ventilation System		\$20.00/each	_____	_____
7. Commercial/Industrial Exhaust Hoods		\$160.00/each	_____	_____
8. Commercial Intake Systems		\$55.00/each	_____	_____
9. Adding/Removing Ductwork and/or Registers		\$55.00/each	_____	_____
10. Adding/Removing/Moving Trunk Lines		\$15.00/each	_____	_____
11. Re-Inspection Fee		\$75.00/each	_____	_____
12. Failure to Call for Inspection		\$100.00/each	_____	_____
13. Failure to Obtain a Permit		Triple Permit Fees	_____	_____
14. Work Not Ready for Scheduled Inspection		\$100.00 each	_____	_____
PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN				Total =

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 the above information is accurate. Have Permit/Application number and address when requesting Inspections.

Signature of Applicant _____ Date _____

FEES	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____ INCLUDE A SELF ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN NO REFUNDS ON PERMITS	Check # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 days from date Unless otherwise noted below _____	Name _____ Date _____ Certification Number _____