



TOWN OF BROOKFIELD
645 N Janacek Road
Brookfield, WI 53045

Call for
HVAC Inspection
 Jason Chromy
 (262) 364-6969

PERMIT #
TAX KEY#

**HEATING, VENTILATING
 AND 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
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CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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CONTRACTOR'S EMAIL	LICENSE NUMBER	ESTIMATED JOB COST
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LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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SCHEDULE OF INSPECTION FEES

NEW BUILDING, ADDITION, OR REMODELING	Minimum Permit Fee + New Construction/Remodel/Additions.....	EACH	COUNT	FEE
		\$65.00 + .06/sq. ft. For all areas	_____	_____

REPLACEMENT, MODIFICATIONS, AND MISCELLANEOUS ITEMS + BASE FEES

New/replacement Air Conditioning Unit up to 3 tons or 36,000 BTU.....	\$ 55.00/each	_____	_____
Each Additional Ton or Fraction Thereof.....	\$ 17.00/each	_____	_____
Maximum per-unit Fee.....	\$750.00/per	_____	_____
New/replacement Furnace up to 150,000 BTU.....	\$ 55.00/each	_____	_____
Each Additional 50,000 BTU.....	\$ 15.00/each	_____	_____
Bathroom/Kitchen Ventilation System.....	\$ 20.00/each	_____	_____
Commercial/Industrial Exhaust Hoods.....	\$160.00/each	_____	_____
Commercial Intake Systems.....	\$ 55.00/each	_____	_____
Adding/Removing Ductwork and/or Registers.....	\$ 55.00/each	_____	_____
Adding/Removing/Moving Trunk Lines.....	\$ 15.00/each	_____	_____
Re-Inspection Fee.....	\$ 75.00/each	_____	_____
Failure to Call for Inspection.....	\$100.00/each	_____	_____
Failure to Obtain a Permit.....	Triple Permit Fees	_____	_____
Work Not Ready for Scheduled Inspection.....	\$100.00 each	_____	_____

PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN (NO REFUNDS ON PERMITS)	Total = (Minimum permit fee \$65.00)	\$ _____
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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 \$ _____ Receipt Number: _____ Date _____	Check # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 days from date Unless otherwise noted below	Name _____ Date _____ Certification Number _____