

TOWN of SUGAR CREEK

N6641 County Rd. H • P.O. Box 287 • Elkhorn, WI 53121
 Phone: (262) 742-3383 • Fax: (262) 742-4476

For
Building Inspection
 call (262) 366-2400

PERMIT NO.
TAX KEY#
BUILDING PERMIT #

HEATING, VENTILATING & 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
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	LICENSE NUMBER	
LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITION, REMODELING	Base Fee..... Fee.....(Min. \$125.00).....	EACH	COUNT	FEE
		\$55.00	_____	_____
		.05/sq. ft. for all areas	_____ Sq. ft.	_____

REPLACEMENT, MODIFICATIONS & MISC. ITEMS

Gas, oil, electric and coal furnace and boiler			
One and two family - first 150,000 BTU	\$55.00	_____	_____
Commerical - first 150,000 BTU.....	\$55.00	_____	_____
All over 150,000 BTU.....	\$3/50,000 BTU	_____	_____
Air Conditioning - One and Two family.....	\$55.00	_____	_____
Commerical	\$55.00	_____	_____
All over 36,000 BTU	\$2/12,000 BTU	_____	_____
Fireplace and Woodburning Stove.....	\$55.00	_____	_____
Electric baseboard, wall unit and cabinet unit	1.25/kw	_____	_____
Duct Work Alteration / Plenum Alteration.....	\$55.00	_____	_____
Other		_____	_____

Minimum Permit Fee.....\$55.00
 Re-Inspection Fee.....\$55.00/each
 Failure to Call for Inspection.....\$55.00/each
DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

*Please include a self-addressed envelope,
 with two (2) first-class stamps for permit return.*

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 the above information is accurate. Have Permit/Application number and address when requesting inspections. Call 262-366-2400. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

CONDITIONS OF APPROVAL: This permit is issue pursuant to the following conditions. 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 applications. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-366-2400 for inspections. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____ Date _____ Certification No. _____
NO REFUNDS ON PERMITS	Rec. By _____		