

**Town of Sugar Creek**

N6641 C Rd H  
PO Box 287  
Elkhorn, Wi 53121

**HVAC Inspections**

Harold (262) 422-3406

Vince (262) 352-4433

PERMIT NO.
TAX KEY #
Attached with Building Permit #

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

PROJECT ADDRESS:

PROJECT DESCRIPTION:

Commercial	One and Two Family	Estimated Cost
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OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
E-MAIL ADDRESS	CONTRACTOR REGISTRATION #	LICENSE NUMBER

**SCHEDULE OF PERMIT FEES****Fee**

<b>BASE FEE ON ALL NEW BUILDING, ADDITIONS &amp; REMODELS</b>		<b>\$65.00</b>
<i>Plus \$ .07 per sq.ft. for all areas</i>	sq.ft	Fee \$
<b>Total</b>		<b>\$</b>

**OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS**

	Each	Count	Fee
Gas,oil, electric and coal furnaces and boilers			
One and two family - first 150,000 BTU	\$65.00		
Commercial - first 150,000 BTU	\$65.00		
All over 150,000 BTU	\$3/50,000 BTU		
Air Conditioning			
One & Two Family	\$65.00		
Commercial	\$65.00		
All over 36,000 BTU	\$2/12,000 BTU		
Fireplace and Wood Burning stoves	\$65.00		
Electric baseboard, wall unit and cabinet units	\$1.25/kw		
Duct work alteration	\$125.00		
Other			

**Base Permit Fee**      **\$65.00 Each**

Reinspect Fee      \$65.00 Each

Failure to Call for inspection      \$65.00 Each

Add base fee if not already added

**Total Fees w/ Base fee**      \$ \_\_\_\_\_**\*\*\*DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED\*\*\***

**CONDITIONS OF APPROVAL:** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial and buildings, housings over two families shall have **State Approved** heating plans with this application. Residential shall include heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Give at least 24 hours notice.

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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FEES:****RECEIPT****PERMIT EXPIRATION:****PERMIT ISSUED BY MUNICIPAL AGENT**

Permit Fee \$ \_\_\_\_\_

**If you would like a copy of the  
permit, please send a stamped  
self addressed envelope.**

Ck # _____
Date _____
From _____
Rec. By _____

**Permit Expires  
90 Days from date  
unless otherwise  
noted below**

Name _____
Date _____
Certification# _____

**NO REFUNDS ON PERMITS**