Roger Kison, Building Inspector Town of Port Washington 3715 Highland Dr. Port Washington, WI 53074 414-333-4511

Permit #	
Date:	
Tax Kev #	

(Required)

<u>H</u>	EATING, VENTILATING	& AIR CONDITION	ING PERMIT	
Owner		Contractor		
Job Address		Contractor Address		
Residential / Commercial		Phone #		
Industri	al / (circle one)			
1: PROJECT TYPE	2: HVAC EQUIPMENT	3: ENERGY SOURCE	4: VENT TO:	
New	Forced air Furnace	LP Gas	Chimney	
Additional	Radiant Baseboard or Panel	Natural Gas	Direct Vent	
Replacement	Heat Pump	Fuel Oil	Other (specify)	
Alteration	Boiler	Electric		
Other	Central Air Conditioner	Other		
Electrical Contractor		and Installers certificate #	t HVAC Contractor's certificate #	
Fees for Heating, V	entilating and Air Conditioning E	quipment Services	 	
Heating for up to 150,000 BTU Input- BTU BTU		\$40.00 per unit	\$	
1a. Heating, each add'l	50,000 BTU above 150,000 input or fractio	n \$5.00 per 50,000 BTU	\$	
2. Air Conditioning-RES	IDENTIAL (exterior condensers)TON	NS \$40.00 per unit	\$	
3. Air Conditioning-CON	MMERCIAL (exterior condensers)TOI	NS \$50.00 per unit	\$	
4. Incinerator/Fireplace/		\$50.00 per unit	\$	
5. Exhaust hoods and s		\$40.00 per unit	\$	
6. Commercial unit heate	•	\$40.00 per unit	\$	
7. NEW RESIDENCE- SF @ \$.03/SF (or additional duct work)				
	TU input heating Tons (,	\$	
8. COMMERCIAL- SF @ \$.01/SF of conditioned space			<u> </u>	
		Cooling	\$	
9. Other			\$	
10. Failure to take out	permit	DOUBLE FEE	\$	
	•	OTAL PERMIT FEE:	\$	
ALL EEES DAVAL	LE TO: TOWN OF PORT WAS		 \$	
It is hereby agreed between the issuance of a permit for that the work done thereof and that all lawful orders of	en the undersigned, as owner, and their agen or the installation of plumbing work as describ in will be done in accordance with the Ordinan of the Plumbing Inspector will be complied with spection. All fees must be paid before occup	t, and the Town of Port Washingto ed above, to be issued and grante ices of the Town of Port Washington. h. In the event of a re-inspection is	d by the Plumbing Inspector, on and State Plumbing Code,	
APPLICANT/AGENT	Γ	SIGNATURE		
Please return one s	signed copy to Town Clerk or Building Ir	spector, and retain one copy	for your records.	
For Office Use: Amt Rec'd	Date:			
\$	CK#	Rec'd By	······	