

# Village of Lannon

20399 W. Main Street  
Lannon, WI 53046

For Inspection Call: (262) 364-6633

|                   |
|-------------------|
| PERMIT NO.        |
| TAX KEY #         |
| BUILDING PERMIT # |

## Heating, Ventilating & Air Conditioning Permit Application

|  |   |
|--|---|
| PROJECT LOCATION<br>(Building Address) |   |
| 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                                       | EMAIL |                                      |  | LICENSE NUMBER                |
| LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS |       | MAILING ADDRESS - INCLUDE CITY & ZIP |  | TELEPHONE - INCLUDE AREA CODE |

| SCHEDULE OF INSPECTION FEES |  | EACH        | COUNT         | FEE   |
|-----------------------------|--|-------------|---------------|-------|
| <b>NEW BUILDING</b>         | Base Fee .....                         | \$75.00     | _____         | _____ |
|                             | Plus (For All Areas) ..... Residential | .07/Sq. Ft. | _____ Sq. Ft. | _____ |
|                             | .....Commercial                        | .09/Sq. Ft. | _____ Sq. Ft. | _____ |

| REPLACEMENT, MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS                                  |   |       |       |
|---|---|-------|-------|
| Gas, oil, electric and coal furnace and boiler  |   |       |       |
| One and two family - First 150,000 BTU.....   | 50.00                                     | _____ | _____ |
| Commercial - First 150,00 BTU .....   | 60.00                                     | _____ | _____ |
| All over 150,000 BTU.....   | \$5/50,000 BTU                            | _____ | _____ |
| Air Conditioning  |   |       |       |
| One and two family.....   | 50.00                                     | _____ | _____ |
| Commercial .....  | 60.00                                     | _____ | _____ |
| All over 36,000 BTU.....  | \$4/12,000 BTU                            | _____ | _____ |
| Fireplace and wood burning stove.....   | 40.00                                     | _____ | _____ |
| Electric baseboard, wall unit and cabinet unit .....  | 2.00/KW                                   | _____ | _____ |
| Duct work alteration .....  | 50.00                                     | _____ | _____ |
| Other .....   |   | _____ | _____ |
| Minimum Permit Fee.....   | \$75.00 Residential / \$150.00 Commercial |       |       |
| Reinspect Fee.....  | \$85.00 Each                              |       |       |
| Failure to call for inspection.....   | \$85.00 Each                              |       |       |
| <b>TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED. PERMIT FEES ARE NON-REFUNDABLE, NON-TRANSFERABLE.</b> |   |       |       |

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this 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. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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