

Village of Lannon

20399 W Main Street
P.O. Box 456
Lannon, WI 53046

For inspections call:
262-825-8820

Permit NO.
TAX KEY #
BUILDING PERMIT #

Heating, Ventilating & Air Conditioning Permit Application

Project Location (Building Address)	
Project Description	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND 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
NEW BUILDING	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 150,00 BTU.....	50.00	_____	_____
Commercial - First 150,000 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		

10% Admin Fee must be added to all permits

TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

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, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____		DATE _____	
FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____	CK # _____	Permit Expires 90 Days from date unless otherwise noted below: _____ No refunds on permits, and are non-transferable	Name _____
10% Admin Fee _____	Date _____		Date _____
Total _____	From _____		Cert.No. _____
	Rec.By _____		