



Village of Hartland
210 Cottonwood Ave.
Hartland, WI 53029

HVAC Inspections
call (262) 367-4744

PERMIT NO.

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

PROJECT ADDRESS: _____
 PROJECT DESCRIPTION: _____
 Commercial One and Two Family Estimated Cost _____

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 NUMBER _____ LICENSE NUMBER _____

SCHEDULE OF INSPECTION FEES

Fee

1. BASE FEE (Residential \$60/ Commercial \$100)

2. New Building, Alterations, Additions	Project Area	.09/sq.ft	fee	\$
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3.

	Each	Count	Fee
Gas,oil, electric and coal furnaces and boilers			
One and two family - first 150,000 BTU.....	\$50.00		
Commercial - first 150,000 BTU.....	\$100.00		
All over 150,000 BTU	\$15/50,000 BTU		
Air Conditioning One & Two Family.....	\$50.00		
Commercial.....	\$100.00		
All over 36,000 BTU.....	\$12/12,000 BTU		
Fireplace and Woodburning stoves.....	\$70.00		
Duct work alteration.....	\$25.00		
Reinspection fee	\$100.00		

*Replacement Heating & Cooling equipment in single family dwellings do not require permits or inspections

DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED

Base fee	\$60/100
Fee #2 or #3 +	\$
Total Fees	\$

Signature of Applicant _____ Date _____

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.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____	Receipt # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____ Date _____ Certification# _____

NO REFUNDS ON PERMITS