

VILLAGE OF MUKWONAGO

440 River Crest Court
 Mukwonago, Wisconsin 53149-0206
 Phone 262-363-6419 office hour's 8:00 to 9:30
 Monday through Friday Fax 262-363-6425
www.villageofmukwonago.com

APPLICATION FOR HEATING / VENTILATION AIR CONDITIONING PERMIT

PERMIT # _____

TAX KEY # _____

Project location: _____	Estimated Cost \$ _____	Contractor's Registration # _____
Project Description: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> New Construction <input type="checkbox"/> Replacement <input type="checkbox"/> Remodeling		
Owner's Name _____	Contractor's Name _____	
Address _____	Address _____	
City/ State, Zip _____	City/ State, Zip _____	
Owners Phone _____	Contractor's Phone _____	Contractors Email : _____

NEW BUILDINGS:

Furnace / ductwork / distribution systems: square footage for each floor level: Basement _____, Lower level _____,
 First floor _____, Second Floor _____, Additional area _____ = Total square footage _____ x \$0.05 = \$ _____

NEW AIR CONDITIONING

	Each	Count
Units up to 3 ton or 36,000 BTU's (per unit).....	\$ 50.00	\$ _____
For each additional ton or fraction thereof.....	\$ 17.00	\$ _____
Maximum per unit cost	\$750.00	\$ _____

NEW VENTILATION

Bathroom and kitchen ventilation system.....	\$ 20.00	\$ _____
Commercial intake systems	\$ 60.00	\$ _____
Commercial / Industrial exhaust hoods, or systems	\$160.00	\$ _____

REPLACEMENT OF HEATING and/or AIR CONDITIONING

Replacement of heating unit up to 150,000 BTU's (each unit).....	\$ 50.00	\$ _____
Each additional 50,000 BTU's or fraction thereof (each unit).....	\$ 17.00	\$ _____
Replacement of air conditioning unit up to 3 ton or 36,000 BTU's (each unit).....	\$ 50.00	\$ _____
Each additional ton or fraction thereof (each unit).....	\$ 16.50	\$ _____

ALTERATIONS TO DUCT SYSTEM

Adding additional register(s) with duct work or removing duct work.....	\$ 5.00	\$ _____
Adding, moving, removing trunk lines.....	\$ 10.00	\$ _____

PLAN REVIEW

State approved plans must be submitted for Commercial, Industrial, Condominiums, Multi-family..... \$ 60.00 \$ _____

MINIMUM PERMIT FEE..... \$ 60.00 \$ _____

ADMINISTRATIVE FEE for all permits..... \$ 5.00 \$ _____

Re-inspection fee, minimum of \$60.00..... \$ _____

Failure to obtain a permit prior to starting work: TRIPLE FEE. \$ _____

PERMIT INFORMATION / REQUIREMENTS

Application filled out incorrectly and returned to applicant \$25.00 service fee. An Electrical permit is required for all HVAC equipment being installed or replaced. A final inspection is required for all HVAC equipment installed. The applicant is required to arrange for all inspection appointments. For inspections 24 hour minimum notice is required, call 262-363-6419. Special site inspections, written reports for work done without a permit, failure to arrange and set-up inspections \$150.00 (Minimum)..... \$ _____

TOTAL FEES \$ _____

Signature of Applicant _____ Date _____

If you would like your permit / receipt returned include a self address stamped envelope. No refunds or credits on permits.

Permit expires one year from date issued for remodeling and follows state codes for other installations.

Conditions of approval: _____

Inspector _____ Date _____ Certification # _____

Receipt Date _____ Check # _____ Receipt # _____ Received by _____