

. INSPECTION DEPARTMENT 242415th Avenue South Milwaukee, 53172 Phone: (414) 768-8054 -	UNIFORM HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION	OFFICE USE ONLY Permit No. TaxKey#
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ISSUING MUNICIPALITY TOWN CITY VILLAGE OF South Milwaukee	PROJECT LOCATION PROJECT DESCRIPTION <input type="checkbox"/> ONE & TWO FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL
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OWNER'S NAME	MAILING ADDRESS	TELEPHONE (Include Area Code)
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CONTRACTOR'S NAME	ELECTRICAL CONTRACTOR
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MAILING ADDRESS	TELEPHONE (Include Area Code)
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CITY	STATE	ZIP	ELECTRICAL LICENSE NUMBER
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HEATING LICENSE NUMBER	TELEPHONE (Include Area Code)	COMPLETION DATE	ESTIMATED COST OF JOB \$
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MAKE & MODEL OF FURNACE	BTUs	MAKE & MODEL OF NC	TONNAGE
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UNIT #1

UNIT #2

C.F.C. HANDLING SHALL BE PERFORMED IN ACCORDANCE WITH ILHR 45, STATE REGISTRATION NO.
 OIL TANK REMOVAL SHALL BE PERFORMED IN ACCORDANCE WITH ILHR 10.
 PROPER ASBESTOS ABATEMENT SHALL BE PERFORMED IN ACCORDANCE WITH STATE AND LOCAL REGULATIONS.

SCHEDULE OF INSPECTION FEES,
NEW BUILDING, REPLACEMENT AND MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISCELLANEOUS ITEMS

	RATE	COUNT	FEE
GAS, OIL OR ALTERNATIVE FUEL FURNACE AND BOILER: <i>ONE TWO FAMILY - 1st 150,000 BTU</i>	\$		\$
<i>COMMERCIAL - 1st 150,000 BTU</i>			
<i>EACH ADOT'L. 50,000 BTU OR FRACTION THEREOF.....</i>			
AIR CONDITIONING <i>ONE A TWO FAMILY - 1st 3 TONS</i>			
<i>(Include location sketch on back of white copy) COMMERCIAL - 1st 3 TONS</i>			
<i>EACH ADO TL. TON OR FRACTION THEREOF.....</i>			
FIREPLACE AND WOOD BURNING STOVE			
COMMERCIAL) INDUSTRIAL EXHAUST HOODS AND EXHAUST SYSTEMS			
HEATING AND NC DISTRIBUTION SYSTEMS (DUCTWORK) - PER 100 SQUARE FEET OF AREA HEATED/AIR CONDITIONED. THIS DISTRIBUTION SYSTEM SERVES SQUARE FEET			
PLAN EXAM FEE			
MINIMUM PERMIT FEE			
REINSPECTION FEE			
FAILURE TO CALL FOR INSPECTION			
DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED			
TOTAL PERMIT FEE			\$

THE APPLICANT AGREES TO COMPLY WITH ALL 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. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT OR OTHER PENALTY. COMMERCIAL AND BUILDINGS HOUSING OVER TWO FAMILIES SHALL HAVE STATE APPROVED HEATING PLANS WITH THIS APPLICATION. RESIDENTIAL HEATING PLANS, HEAT LOSS CALCULATIONS AND SPECIFICATIONS OF THE EQUIPMENT TO BE INSTALLED IN NEW BUILDINGS SHALL BE SUBMITTED WITH THIS APPLICATION. FINAL INSPECTIONS ARE MANDATORY. PLEASE HAVE PERMIT NUMBER AND ADDRESS WHEN REQUESTING INSPECTIONS. GIVE AT LEAST 24 HOURS NOTICE.

SIGNATURE OF APPLICANT _____ DATE _____

DO NOT FILL IN BELOW - DEPARTMENT USE ONLY		
FEES		PERMIT ISSUED BY MUNICIPAL AGENT
INSPECTION \$	BUILDING PERMIT #	NAME
PLAN EXAM	STATE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
PRELIMINARY FEE		CERTIFICATION NO.
BALANCE DUE	DATE APPROVED	