

TOWN OF ASHIPGUN

Ashippun, WI 53003
 Inspections: (262) 490-4141

Send Permits To:
 HVAC Inspector
 405 N. Prairie Drive
 Summit, WI 53066

Make checks payable to: Town of Ashippun

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 & 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	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, ADDITION, REMODELING	Base Fee	\$50.00	_____	_____
	Plus04/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS			
Gas, oil, electric and coal furnace and boiler			
One and two family - First 150,000 BTU.....	35.00	_____	_____
Commercial - First 150,00 BTU	45.00	_____	_____
All over 150,000 BTU	\$3/50,000 BTU	_____	_____
Air Conditioning			
One and two family	35.00	_____	_____
Commercial.....	45.00	_____	_____
All over 36,000 BTU	\$2/12,000 BTU	_____	_____
Fireplace and wood burning stove.....	35.00	_____	_____
Electric baseboard, wall unit and cabinet unit.....	1.25/KW	_____	_____
Duct work alteration	35.00	_____	_____
Other		_____	_____
Minimum Permit Fee.....	\$50.00 Each		
Reinspection Fee	\$50.00 Each		
Failure to call for inspection	\$50.00 Each		
DOUBLE 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, 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 # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless noted below _____	Name _____ Date _____ Certification No. _____
NO REFUNDS ON PERMITS			