



Building Permit Application Heating, Ventilating & Air Conditioning

City of Port Washington
Department of Building Inspection
100 W Grand Ave – PO Box 307
Port Washington, Wisconsin 53074
262-268-4277 Fax 262-284-7669

Job Location (identify exact address)			Zoning	Permit #												
Owner's Name	Phone Number	Contact's Name		Phone Number												
Owner's Address <i>(If different from above)</i>		City	State	Zip Code												
Contractor's Name	License Number	Contact's Name		Phone Number												
Contractor's Address		City	State	Zip Code												
Inspections are required before any work is concealed, when work is complete and prior to occupancy or use. It is the responsibility of permit holder to arrange with this office appointment times for the required inspections. Notification by telephone message, fax or mail that work is complete is not acceptable. Reinspection fees will be charged. For questions call this office.				Estimated Cost Of Work												
Furnace or Boiler Make & Model _____ BTU's _____ _____ _____			One & Two Family - 1 st 150,000 BTU Commercial - 1 st 150,000 BTU Each Additional 50,000 or fraction thereof - maximum \$750/unit	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">RATE</th> <th style="width: 25%;">COUNT</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr> <td>\$55.00</td> <td></td> <td></td> </tr> <tr> <td>\$55.00</td> <td></td> <td></td> </tr> <tr> <td>\$17.00</td> <td></td> <td></td> </tr> </tbody> </table>	RATE	COUNT	FEE	\$55.00			\$55.00			\$17.00		
RATE	COUNT	FEE														
\$55.00																
\$55.00																
\$17.00																
Air Conditioning Make & Model _____ Tonnage _____			One & Two Family - 1 st 3 Tons Commercial - 1 st 3 Tons Each Add'l Ton or 12,000 BTU or fraction thereof - maximum \$750/unit	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>\$55.00</td> <td></td> <td></td> </tr> <tr> <td>\$55.00</td> <td></td> <td></td> </tr> <tr> <td>\$17.00</td> <td></td> <td></td> </tr> </tbody> </table>	\$55.00			\$55.00			\$17.00					
\$55.00																
\$55.00																
\$17.00																
HVAC Distribution System (Ductwork) Per 100 Square Feet Of Area			1.75/\$55min													
Commercial/Industrial Exhaust Hoods & Exhaust Systems			\$135.00/unit													
Plan Exam Fee Plan Exam Fee			\$60.00													
Fireplace or Wood Burning Stove			\$55.00													
Flammable Liquid Storage Tank Installation Or Removal \$55 min			\$11/1000 gal													
Other																
Permit Issued By		Date	Total Fees													
Additional Information _____ _____ _____																
Department Notes _____ _____ _____																
I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all City of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.																
Applicant's Signature			Print Name	Date												

DO NOT FAX COMPLETED PERMIT APPLICATION

If copy of issued permit is needed include a stamped addressed envelope.