

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.	<b>UNIFORM          HEATING, VENTILATING &amp; AIR CONDITIONING PERMIT          APPLICATION</b>	<b>PERMIT NO.</b>  TAX KEY #
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<b>ISSUING MUNICIPALITY</b>  <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____	<b>PROJECT LOCATION</b> (Building Address)	<b>PROJECT DESCRIPTION</b>
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Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone, Include Area Code _____
Contractor's Name (Lic. No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
License Number _____	List Electrical Contractor for all HVAC Replacements _____	Telephone - Include Area Code _____
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY		Estimated Cost _____

**SCHEDULE OF INSPECTION FEES**

<b>1 &amp; 2 FAMILY - NEW BUILDING/ADDITION</b>			
Base Fee	<b>EACH</b>	<b>COUNT</b>	<b>FEE</b>
	\$35.00		
Plus	\$.025/Sq. Ft. For All Areas	Sq. Ft.	

<b>COMMERCIAL - NEW BUILDING/ADDITION</b>			
Base Fee	\$35.00		
Plus	\$.035/Sq. Ft. For All Areas	Sq. Ft.	

<b>REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - BOTH 1 &amp; 2 FAMILY AND COMMERCIAL</b>			
Gas, Oil or Alternative Fuel Furnace and Boiler - 1st 150,000 BTU	\$30.00		
Each additional 50,000 BTU or fraction thereof	\$10.00		
Air Conditioning - 1st 3 Tons	\$30.00		
Each additional Ton or fraction thereof	\$10.00		
Heating and A/C Distribution Systems (Ductwork) or Alteration	\$2 per 100 sq. ft. of area of conditioned space	Sq. Ft.	
Fireplace and Wood Burning Stove	\$30.00		
Commercial Exhaust Hoods and Exhaust Systems	\$50.00 per unit		
Commercial Permanently Installed Wall Units	\$30.00		
Other			
Minimum Permit Fee.....\$30.00 Reinspection Fee.....\$30.00 each Failure to call for inspection.....\$30.00 each <b>DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED</b>	<b>INSPECTIONS NEEDED</b> <input type="checkbox"/> Rough <input type="checkbox"/> Final		

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. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

**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 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 with this application.

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FEES:	RECEIPT	PERMIT EXPIRATION;	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____ Administration Fee _____ Other _____ Total _____	CK# _____ Date _____ From _____ Rec By. _____	Permit expires two years from date issued unless otherwise noted below:  _____	Name _____ Date _____ Certification No. _____