

VILLAGE OF DOUSMAN

118 S. Main Street
Dousman, WI 53118

For Inspection Call
Phone 262-490-0513

Permit # _____
Tax Key # _____
Building Permit # _____

**Heating, Ventilating & Air
Conditioning
Permit Application**

PROJECT LOCATION (Building Location)	_____
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 – INLCUDE CITY & ZIP	TELEPHONE – INCLUDE AREA CODE

SCHEDULE OF INSPECTION FEES	EACH	.04/Sq. Ft. (all areas)	FEE
NEW BUILDING	\$50.00	_____	_____
ADDITION	\$50.00	_____	_____
REMODEL	\$50.00	_____	_____

REPLACEMENT, MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS			
Gas, oil, electric and coal furnace and boiler			
One and two family - First 150,000 BTU.....	35.00	_____	_____
Commercial – First 150,000 BTU.....	50.00	_____	_____
All over 150,000 BTU.....	\$20.00/50,000	_____	_____
	BTU		
Air Conditioning One and two family.....	35.00	_____	_____
Commercial.....	50.00	_____	_____
All over 36,000.....	\$5.00/12,000BTU	_____	_____
Fireplace and wood burning stove.....	30.00	_____	_____
Electrical baseboard, wall unit and cabinet unit.....	1.25/KW	_____	_____
Duct work alteration.....	25.00	_____	_____
Other	_____	_____	_____
Minimum Permit Fee	\$30.00 Each		
Reinspect Fee	\$50.00 Each		
Failure to call for inspection	\$25.00 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# _____	Permit Expires 90 Days from date unless otherwise noted below.	Name _____
NO REFUNDS ON PERMITS	Date _____		Date _____
	From _____		Certification #. _____

	Rec. By _____		