

Town of Genesee

For inspections call:
262-825-8820

Permit NO.
TAX KEY #
BUILDING PERMIT #

S43W31391 HWY 83
Genesee Depot, WI 53127

Mailing address: P O Box 242
Genesee Depot, WI 53127

Heating, Ventilating & Air Conditioning Permit Application

Project Location (Building Address)	
Project Description	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND 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	Email	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	Base Fee.....	\$100/\$150	_____	_____
	Plus (For All Areas).....Residential \$100.00	.08/Sq. Ft.	_____ Sq. Ft.	_____
Commercial \$150.00	.10/Sq. Ft.	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS			
Gas, oil, electric and coal furnace and boiler			
	One and two family - First 150,00 BTU.....	60.00	_____
	Commercial - First 150,000 BTU.....	75.00	_____
	All over 150,000 BTU.....	\$5/50,000 BTU	_____
Air Conditioning			
	One and two family.....	60.00	_____
	Commercial.....	75.00	_____
	All over 36,000 BTU.....	\$5/12,000 BTU	_____
	Fireplace and wood burning stove.....	60.00	_____
	Electric baseboard wall unit and cabinet unit.....	5.00/KW	_____
	Duct work alteration.....	75.00	_____
	Commercial Exhaust Hood	150.00	_____
	Other.....		_____
	Minimum Permit Fee.....	\$100.00 Residential/ \$175.00 Commercial	
	Reinspect Fee.....	\$125.00 Each	
	Failure to call for inspection.....	\$125.00 Each	

TRIPLE 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, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____ DATE _____

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____	CK # _____ Date _____ From _____	Permit Expires 90 Days from date or when the associated building permit expires No refunds on permits and are non-transfereable	Name _____ Date _____ Cert.No. _____
Total _____	Rec.By _____		