



City of Port Washington
 Department of Building Inspection

100 West Grand Avenue
 Port Washington, Wisconsin 53074
 262-268-4277 Fax 262-284-7669

Building Permit Application

Heating, Ventilating & Air Conditioning

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	Phone 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 _____ Air Conditioning Make & Model _____ _____ Tonnage _____			One & Two Family - 1 st 150,000 BTU Commercial - 1 st 150,000 BTU Each Additional 50,000 or fraction thereof - maximum \$750/unit One & Two Family - 1 st 3 Tons Commercial - 1 st 3 Tons Each Addt'l Ton or 12,000 BTU or fraction thereof - maximum \$750/unit	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>RATE</th> <th>COUNT</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td>\$50.00</td> <td></td> <td></td> </tr> <tr> <td>\$50.00</td> <td></td> <td></td> </tr> <tr> <td>\$16.00</td> <td></td> <td></td> </tr> <tr> <td>\$50.00</td> <td></td> <td></td> </tr> <tr> <td>\$50.00</td> <td></td> <td></td> </tr> <tr> <td>\$16.00</td> <td></td> <td></td> </tr> <tr> <td>1.60/\$50min</td> <td></td> <td></td> </tr> <tr> <td>\$110.00/unit</td> <td></td> <td></td> </tr> <tr> <td>Plan Exam Fee</td> <td></td> <td></td> </tr> <tr> <td>Plan Exam Fee</td> <td></td> <td></td> </tr> <tr> <td>\$50.00</td> <td></td> <td></td> </tr> <tr> <td>\$8/1000 gal</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	RATE	COUNT	FEE	\$50.00			\$50.00			\$16.00			\$50.00			\$50.00			\$16.00			1.60/\$50min			\$110.00/unit			Plan Exam Fee			Plan Exam Fee			\$50.00			\$8/1000 gal					
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HVAC Distribution System (Ductwork) Per 100 Square Feet Of Area Commercial/Industrial Exhaust Hoods & Exhaust Systems Plan Exam Fee Plan Exam Fee Fireplace or Wood Burning Stove Flammable Liquid Storage Tank Installation Or Removal \$40 min 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				Date																																										

If returning application by mail, include 3 copies. If copy of issued permit is needed include a stamped addressed envelope or fax number.