Village of Chenequa

31275 W County Road K
Chenequa, WI 53029

Heating, Ventilating & Air Conditioning Permit Application

For Inspections Call:

262-825-8820

PERMIT NO.	
TAX KEY NO.	
BUILDING PERMIT NO.	

Project Location (Building Address)	
Project Description	☐ COMMERCIAL ☐ 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		FEE
NEW BUILDING	Base Fee: Residential $75 Commercial $150	$90.00		_____
	Plus (For All Areas) . . . . Residential	.08/Sq. Ft.	_____ Sq. Ft.	_____
	Plus (For All Areas) . . . . Commercial	.10/Sq. Ft.	_____ Sq. Ft.	_____

Remodel / Additions / Replacements: $15 / $1000 of cost for mechanical permit		FEE

	COUNT	
Gas, oil, electric and coal furnace and boiler		
One and two family - First 150,00 BTU	_____	
Commercial - First 150,000 BTU	_____	
All over 150,000 BTU	_____	
Air Conditioning		
Commercial - First 150,000 BTU	_____	
All over 36,000 BTU	_____	
Fireplace and wood burning stove	_____	
Electric baseboard wall unit and cabinet unit	_____	
Duct work alteration . . . . $1.90 per 100 square feet of alteration area	_____	
Commercial exhaust hoods and exhaust systems	_____	
Commercial permanently installed wall units	_____	
Other	_____	
Minimum Permit Fee $90.00		
Reinspect Fee . . . .$85.00 Each		
Failure to call for inspection. . . . .$85.00 Each		

TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED. PERMIT FEES ARE NON-REFUNDABLE, NON-TRANSFERABLE.

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, expressed or implied, of the Department, Municipality, Agent or Inspector, and certifies that all 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 _____ 35% Admin Fee _____ Total _____	CK #_____ Date_____ From_____ Rec.By _____	**Permit Expires 90 Days** from date unless otherwise noted. No refunds on permits	Name _____ Date_____ Cert.No._____