

# Village of Chenequa

31275 W County Road K  
Chenequa, WI 53029

For Inspections Call:  
262-825-8820

PERMIT NO.
TAX KEY NO.
BUILDING PERMIT NO.

## 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		FEE
<b>NEW BUILDING</b>	Base Fee: Residential \$90 Commercial \$150	\$90.00	_____ Sq. Ft.	_____
	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
		<b>COUNT</b>	
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 _____	CK # _____	Permit Expires 90 Days from date unless otherwise noted. No refunds on permits	Name _____
35% Admin Fee _____	Date _____		Date _____
Total _____	From _____		Cert.No. _____
	Rec.By _____		