



CITY OF CEDARBURG BUILDING INSPECTION DEPARTMENT HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION

PROJECT LOCATION: _____

OWNER'S NAME: _____ **PHONE:** _____

CONTRACTOR'S NAME: _____

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PROJECT TYPE	HVAC EQUIPMENT	ENERGY SOURCE	VENT TO
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Other	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioner	<input type="checkbox"/> LP Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other	<input type="checkbox"/> Chimney <input type="checkbox"/> Direct Vent <input type="checkbox"/> Other (specify)
ELECTRICAL CONTRACTORS NAME		FOR A/C INSTALLATION-INSERT HVAC CONTRACTORS CERTIFICATION NUMBER AND INSTALLERS CERTIFICATION NUMBER	A/C LOCATION SKETCH (OPTIONAL)
FEES FOR HEATING, VENTILATING AND AIR CONDITIONING			UOM
			TOTALS
Heating up to 150,000 BTU input		\$ 55.00	Unit
Heating, each additional 50,000 above 150,000 BTU input of fraction		\$ 15.00	Per 50,000
Air Conditioning – RESIDENTIAL (exterior condensers)		\$ 55.00	Unit
Air Conditioning – COMMERCIAL (exterior condensers)		\$ 60.00	Unit
Exhaust hoods and systems		\$ 150.00	Unit
Commercial unit heater (rooftop)		\$ 100.00	Unit
Fireplace		\$ 50.00	Unit
HVAC distribution system per 100 square feet		\$ 1.50	Per 100 sq ft
Failure to take out permit		DOUBLE FEE	\$
Other (specify)			\$
		TOTAL HVAC PERMIT FEE	
		MINIMUM FEE IS \$55.00	\$

The applicant agrees to comply with the Building Code and other Ordinances of the City of Cedarburg, the Laws of the State of Wisconsin, and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Municipality; and certifies that all the above information is accurate.

Signature: _____ Date: _____

REV 06/19

FOR OFFICE USE

TAX KEY NO: _____ AMOUNT PAID: _____
 PERMIT NUMBER: _____ DATE OF APPLICATION: _____