

Town of Watertown

Send Permits To:
 Town of Watertown Inspections
 P.O. Box 25
 Okauchee, WI 53069

MAKES CHECKS PAYABLE TO:
Town of Watertown

Permit #
Tax Key #
Building Permit #

Heating, Ventilating & Air Conditioning Permit Application

For Inspections Call: (262)-490-0277

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & 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:	LICENSE NUMBER:	

SCHEDULE OF INSPECTION FEES	EACH	COUNT	FEE
New Building , Base Fee.....	\$50.00	_____	_____
Remodel, Addition Plus.....	\$.05/sq.ft. For All Areas	_____ 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 150,000 BTU.....	\$40.00	_____	_____
Commercial – First 150,000 BTU.....	\$85.00	_____	_____
All over 150,000 BTU.....	\$12.00/50,000 BTU	_____	_____
Air Conditioning			
One and two family.....	40.00	_____	_____
Commercial.....	\$85.00	_____	_____
All over 36,000 BTU.....	\$12.00/12,000 BTU	_____	_____
Fireplace and wood burning stove.....	\$75.00	_____	_____
Electrical baseboard, wall unit and cabinet unit.....	\$3.00/KW	_____	_____
Duct work alteration/remodel.....	\$40.00	_____	_____
Other	\$25.00	_____	_____
Minimum Permit Fee	\$40.00 Each		
Reinspect Fee	\$100.00 Each		
Failure to call for inspection.....	\$100.00 Each		

*****DOUBLE 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, agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 48 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ **DATE** _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee \$ _____ NO REFUNDS ON PERMITS	Ck# _____ Date _____ From _____ _____ Rec. By _____	Permit Expires 2 Years from date unless otherwise noted below. _____	Name _____ Date _____