



# UNIFORM HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION

APPLICATION NO. \_\_\_\_\_

TAX KEY # \_\_\_\_\_

<b>TOWN OF BLOOMFIELD</b> 1100 Townhall Road • P.O. Box 609 • Pell Lake, WI 53157	<b>PROJECT LOCATION</b>	
	<b>PROJECT DESCRIPTION</b>	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
Owner's Name _____	Mailing Address _____	Telephone, Include Area Code _____
Contractor's Name _____	Mailing Address _____	Telephone, Include Area Code _____
Estimated Cost _____	License Number _____	
List Electrical Contractor for all HVAC Replacements _____	Mailing Address _____	Telephone, Include Area Code _____

### SCHEDULE OF INSPECTION FEES

NEW BUILDING	BASE FEE	EACH	COUNT	FEE
	<b>\$40.00</b>			
	Commercial heating, ventilating and air conditioning	.04/Sq. Ft. For All Areas	_____ Sq. Ft.	_____
	One and two family heating, ventilating and air conditioning	.04/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

### REPLACEMENT AND MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS

Gas, oil, electric and coal furnace and boiler	20.00	_____	_____
One and two family - First 150,000 BTU	30.00	_____	_____
Commercial - First 150,000 BTU	\$4/50,000	_____	_____
All over 150,000 BTU		_____	_____
Air Conditioning	20.00	_____	_____
One and two family	30.00	_____	_____
Commercial	\$3/12,000 BTU	_____	_____
All over 36,000 BTU		_____	_____
Fireplace and wood burning stove	20.00	_____	_____
Electric baseboard, wall unit and cabinet wall	2.00/KW	_____	_____
All oil, gas or fuel tanks (installation & removal) per ILHR-10			
First 1000 gallons	140.00	_____	_____
Over 1000 gallons	200.00	_____	_____
Duct work alteration	30.00	_____	_____
Other			
Minimum Permit Fee	\$40.00		
Reinspection Fee	\$50.00 each		
Failure to call for Inspection	\$50.00 each		
<b>DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED</b>			
<b>TOTAL INSPECTION FEE</b> _____			

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, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**CONDITION OF APPROVAL** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial and buildings housing over two families shall have STATE APPROVED heating plans with this application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT
Plan Review Fee _____	Check# _____	Permit expires two years from date issued unless otherwise noted below:	Name _____
Inspection Fee _____	Date _____		Date _____
Administration Fee _____	From _____		Certification No. _____
Other _____	Rec. By _____		
Total _____			

WHITE - Municipality

YELLOW - Inspector

PINK - Applicant