

SIGNATURE_

P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075 Phone: (920) 994-4852 • Fax: (920) 994-2390

Permit No.	
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Commercial HVAC Permit Application

Owner's Name Contractor's Name City, State & Zip Code			Mailing Address (if different fi	Mailing Address (if different from project location above)		Phone No.		
			Contractor's Mailing Address		Phone No.			
			Email					
welling Contractor Ce	rtification No.			Dwelling Contractor Qualifier Certification No.				
lease check pi	roject type		* 1 set of build	ing plans drawn to sco	ale must accompany this ap	plication.		
New*	Addition*		Job Description:					
Alteration*	Repair							
	<u> </u>		Fee Sch	edule				
	Descrip	tior	1	Count/Size	Rate	Fee		
Heating & Incinerators					\$50.00 up to 150k BTU's \$16.00 each 50k BTU's thereafter; \$750.00 max			
Air Conditioning					\$50.00 up to 36k BTU's \$16.00 each 12k BTU's thereafter; \$750.00 max			
Incinerator Uni	ts & Wood Burn	ing	Appliances & Fireplaces		\$40.00/unit			
Plan Review-New Structure-less than 50,000 cubic ft of total volume					\$175.00			
	volum volum no more than 2,500 s	ining e sq. ft	g less than 50,000 cubic ft of total of total floor area, and no more		\$175.00			
than 1 floor level. Plan Review-Alteration containing less than 100,000 cubic ft of total building volume					\$175.00			
Other:								
	(Non-Refundable) Base Permit Charge				\$40.00	\$40.00		
	-Refundable) Ba	3C 1			Total:			

DATE_



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FOR OFFICE USE:								
PAID BY:	CHECK NO.	AMT PD	DATE					