



Village of Eagle

820 E. Main St. • P.O. Box 295
Eagle, Wisconsin 53119

HEATING, VENTILATING & AIR CONDITIONING Permit Application

FOR INSPECTIONS:

Call: (262) 366-2400

Fax: (262) 594-5565

PERMIT NO.
TAX KEY#
BUILDING PERMIT #

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	
LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITIONS, REMODELLING		EACH	COUNT	FEE
	Base Fee.....	\$35.00		
	Fee(Min. \$70.00)05/sq. ft. for all areas	_____ Sq. ft.	

REPLACEMENT AND MODIFICATIONS OF HEATING AND AIRCONDITIONING EQUIPMENT & MISC. ITEMS

Gas, oil, electric and coal furnace and boiler			
One and two family - first 150,000 BTU	\$45.00		
Commercial - First 150,000 BTU	\$45.00		
All over 150,000 BTU.....	\$3/50,000BTU		
Air Conditioning One and two family	\$45.00		
Commercial	\$45.00		
All over 36,000 BTU	\$2/12,000BTU		
Fireplace and Woodburning stove.....	\$45.00		
Electric baseboard, wall unit and cabinet unit.....	1.25/kw		
Duct Work Alteration	\$45.00		
Other			

Minimum Permit Fee	\$45.00
Reinspection Fee	\$45.00 each
Failure to call for inspection.....	\$45.00 each

DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

*** Please include a self addressed, 2 stamped envelope for permit to be returned.**

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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. Call 262-594-5134. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

CONDITIONS OF APPROVAL: This permit is issue 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 applications. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-594-5134 for inspections. Give at least 24 hours notice.

FEES:

RECEIPT

PERMIT EXPIRATION:

PERMIT ISSUED BY MUNICIPAL AGENT:

Inspection Fee _____

Ck # _____
Date _____
From _____

**Permit Expires
90 Days from date
unless otherwise
noted below**

Name _____

Date _____

Certification No. _____

NO REFUNDS ON PERMITS

Rec. By _____