



**VILLAGE OF JOHNSON CREEK**  
 125 DEPOT STREET • P.O. BOX 238  
 JOHNSON CREEK, WI 53038  
 PHONE (920) 699-2295  
 FAX (920) 699-2292

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

Crossroads With A Future  
**Heating, Ventilating &  
 Air Conditioning Permit Application**

<b>PROJECT LOCATION</b> (Building Address)	
<b>PROJECT DESCRIPTION</b>	<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		EACH	COUNT	FEE
<b>NEW BUILDING ADDITION REMODELING</b>	Base Fee .....	\$35.00	_____	_____
	Plus. .... (MIN \$70.00) .....	.03/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 .....	35.00	_____	_____
Commercial - First 150,00 BTU .....	45.00	_____	_____
All over 150,000 BTU .....	\$3/50,000 BTU	_____	_____
Air Conditioning			
One and two family .....	35.00	_____	_____
Commercial.....	45.00	_____	_____
All over 36,000 BTU .....	\$2/12,000 BTU	_____	_____
Fireplace and wood burning stove.....	35.00	_____	_____
Electric baseboard, wall unit and cabinet unit.....	1.25/KW	_____	_____
Duct work alteration .....	35.00	_____	_____
Other .....		_____	_____

Minimum Permit Fee..... \$35.00 Each  
 Reinspect Fee ..... \$35.00 Each  
 Failure to call for inspection ..... \$35.00 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 24 hours notice on all inspections.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONDITIONS 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 his application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____  <b>NO REFUNDS ON PERMITS</b>	Ck # _____ Date _____ From _____ _____ Rec. By _____	<b>Permit Expires 90 Days</b> from date unless otherwise noted below. _____	Name _____ Date _____ Certification No. _____