



Heating, Ventilating & Air Conditioning Permit Application

Village of Wales
Building Inspector
P.O. Box 47
129 West Main Street
Wales, WI 53183
Phone (262) 968-6823
Fax (262) 968-5649

CALL FOR INSPECTIONS: (262) 968-6823

Permit # _____

Building Permit # _____

Tax Key# _____

Name _____ Telephone Number _____

Address _____

Contractor _____ Telephone Number _____

Address _____

Project Location (Building Address) _____

Project Description _____ Commercial _____ One & Two-Family _____

Estimated Cost _____ License Number _____

List Electrical Contractor for all HVCA Replacements Mailing address – include city & zip code Telephone # include area code

SCHEDULE OF INSPECTION FEES	EACH	COUNT	FEE
NEW BUILDING, ADDITIONS, AND RENOVATIONS			
Base Fee.....	\$35.00	_____	_____
Plus.....(Min \$70).....	07/Sq. Ft.	_____ Sq. Ft	_____
	For All Areas		

REPLACEMENT 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 150,000 BTU	35.00	
All over 150,000 BTU	\$3/50,000 BTU	
Air Conditioning		
One and two-family	35.00	
Commercial	35.00	
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	
Re-inspection Fee	\$35.00 Each	
Failure to call for an 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, expressed 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 _____

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ _____ Rec. By _____	PERMIT EXPIRES 90 DAYS FROM DATE UNLESS OTHERWISE NOTED BELOW	NAME _____ DATE _____ CERTIFICATION NO. _____
NO REFUNDS ON PERMITS			