



CITY OF CEDARBURG BUILDING INSPECTION DEPARTMENT HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION

PROJECT LOCATION: _____

OWNER'S NAME: _____ **PHONE:** _____

CONTRACTOR'S NAME: _____

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PROJECT TYPE	HVAC EQUIPMENT	ENERGY SOURCE	VENT TO
<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Other	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioner	<input type="checkbox"/> LP Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other	<input type="checkbox"/> Chimney <input type="checkbox"/> Direct Vent <input type="checkbox"/> Other (specify)

ELECTRICAL CONTRACTORS NAME	FOR A/C INSTALLATION-INSERT HVAC CONTRACTORS CERTIFICATION NUMBER AND INSTALLERS CERTIFICATION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	A/C LOCATION SKETCH (OPTIONAL)
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FEES FOR HEATING, VENTILATING AND AIR CONDITIONING	UOM	TOTALS
Heating up to 150,000 BTU input	\$ 55.00	Unit \$
Heating, each additional 50,000 above 150,000 BTU input of fraction	\$ 15.00	Per 50,000 \$
Air Conditioning – RESIDENTIAL (exterior condensers)	\$ 55.00	Unit \$
Air Conditioning – COMMERCIAL (exterior condensers)	\$ 60.00	Unit \$
Exhaust hoods and systems	\$ 150.00	Unit \$
Commercial unit heater (rooftop)	\$ 100.00	Unit \$
Fireplace	\$ 50.00	Unit \$
HVAC distribution system per 100 square feet	\$ 1.50	Per 100 sq ft \$
Failure to take out permit	DOUBLE FEE	\$
Other (specify)		\$
	TOTAL HVAC PERMIT FEE MINIMUM FEE IS \$55.00	\$

The applicant agrees to comply with the Building Code and other Ordinances of the City of Cedarburg, the Laws of the State of Wisconsin, and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Municipality; and certifies that all the above information is accurate.

Signature: _____ Date: _____

REV 06/19

FOR OFFICE USE

TAX KEY NO: _____	AMOUNT PAID: _____
PERMIT NUMBER: _____	DATE OF APPLICATION: _____