



Village of Saukville HVAC Permit Application

Administered by:
Village of Grafton Inspection Department
860 Badger Circle, Grafton, WI 53024-9436
p (262) 375-5305 f (262)375-5312
tjohnson@village.grafton.wi.us

JOB ADDRESS: _____

Type: Residential Commercial Industrial Exempt
 New Replacement
 Heating A/C Vent Exhaust System

PROPERTY OWNER'S INFORMATION

Property Owner's Name: _____

Address (if different than job address): _____

City/State: _____ Zip: _____ Phone: _____

If Applicable:

Lessee name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

CONTRACTOR'S INFORMATION

Firm's Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

Contractor's Name (License Holder): _____

(Please complete Contractor Info Form, if not already done, to supply address, license numbers, etc.)

Description of work: _____

Value of HVAC work: \$ _____

PLEASE COMPLETE & TOTAL PROJECT/FEE INFORMATION ON REVERSE SIDE

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

Name of Applicant (please print): _____

Applicant's Signature: _____ **Date:** _____

Request for inspections will not be scheduled unless the permit number is supplied at the time of the request

TYPE/BRAND: _____

SIZE: _____

COST: _____

| | <u>AMOUNT</u> | <u>TOTAL</u> |
|---|--------------------|--------------|
| OUTPUT FURNACE BTUs UP TO 150,000 | _____ | 50.00 _____ |
| ADDITIONAL 50,000 BTUs | _____ | 17.00 _____ |
| AIR CONDITIONER UP TO 3 TON | _____ | 50.00 _____ |
| ADDITIONAL TONNAGE | _____ | 17.00 _____ |
| DISTRIBUTION VENTING SYSTEM – MINIMUM - 1 st 100 S.F. | _____ | 50.00 _____ |
| DISTRIBUTION VENTING SYSTEM - EACH ADDITIONAL 100 S.F. | _____ | 1.90 _____ |
| EXHAUST SYSTEM | _____ | 165.00 _____ |
| FIREPLACE | _____ | 50.00 _____ |
| COMMERICAL HVAC PLAN REVIEW | _____ | 60.00 _____ |
| | TOTAL FEES: | _____ |

SEPARATE ELECTRICAL PERMIT REQUIRED