

Call 608-868-6914 for Inspection



HEATING, VENTILATING AND AIR CONDITIONING PERMIT APPLICATION AND RECORD

Receipt # _____

Check # _____

Effective January 1, 2010

Date _____, 20____

Location _____ on _____ Subdivision _____
(House # or Lot #) (Street)

Owner _____ Owner Address _____ Phone # _____
(Name)

Occupancy _____ Ownership: Private ___ Public ___ Architect _____
(Residential/Commercial, etc)

Contractor _____
(Name, Address, Phone)

Contractor Credential # _____ Estimated Cost of Work Complete \$ _____

The undersigned hereby agrees that all work shall be done in accordance with this application, all ordinances of the City of Milton and all laws and orders of the State of Wisconsin. If applicable, plot, building plans, erosion plans, off street parking plans and specifications of the above described work must accompany this application.

Applicant's Signature

Applicant's Address

Applicant's Phone Number

Applicant's Email Address

ITEM	NUMBER	FEE	TOTAL
Primary Furnace – New or Replacement	_____	\$16.50	_____
Supplementary Heating Unit	_____	\$16.50	_____
Auxiliary Units, Franklins, Etc	_____	\$16.50	_____
Fireplaces, Type _____	_____	\$16.50	_____
Active Solar System	_____	\$16.50	_____
Central Air Conditioning	_____	\$16.50	_____
Other _____	_____	\$16.50	_____
Minimum Fee	_____	\$45.00	_____
Non-Compliance/Re-inspection	_____	\$45.00	_____

Total Fee _____

Approved On _____, 20____

Building Inspector