



Permit# (Office use only)
TaxKey #

HVAC Permit Application



Town of Lafayette
N5573 Bowers Road
Elkhorn, Wisconsin 53121

For Inspections call or scan
Harold McDonald 262-422-3406
Vince Budiac 262-366-2400

Project Address:		
Project Description:		
Owners Names:	Mailing Address (Include City and Zip)	
Owners E-Mail Address	Phone	
Contractors Name	Phone:	Mailing Address (Include City and Zip)
Contractors E-Mail Address	License Number	Qualifier Number
Inspector Signature	Date	

SCHEDULE OF PERMIT FEES			Fee
BASE FEE REQUIRED ON ALL NEW BUILDINGS, ADDITIONS, & REMODELS			\$65.00
Plus \$0.07 per sq.ft. for all areas			Fee \$
Add base fee if not already added			Total \$
OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS			
Gas,oil, electric and coal furnaces and boilers	Each	Count	Fee
One and two family - first 150,000 BTU	65.00		
Commercial - first 150,000 BTU	65.00		
All over 150,000 BTU	\$3/50K BTU		
Cooling			
Air Conditioning	65.00		
Commercial	65.00		
All over 36,000 BTU	\$2/tom		
Fireplace and Wood Burning stoves	65.00		
Electric baseboard, wall unit and cabinet units	\$1.25/Kw		
Duct work alteration	125.00		
Other			
Reinspect Fee			\$65.00
Failure to Call for inspection			\$65.00

Add base fee if not already added

Total Fees w/ Base fee \$ _____

DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED

A separate Electrical Permit is required for all wiring of new & replacement units.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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 of the above information is accurate. Have a permit Application number and address when requesting inspections.

Signature of Applicant

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____ If you would like a copy of the permit, provider email _____@_____.com	Check # _____ Date: _____	Permit Expires 90 days from date of issuance unless otherwise noted below NO REFUND ON PERMITS	Name _____ Date _____ Certification# _____