

Call (262) 420-4732 for inspection requests or email Wlinspections@safebuilt.com	UNIFORM HVAC PERMIT APPLICATION	PERMIT NO. TAX KEY #
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WI MUNICIPALITY VILLAGE OF ELM GROVE	PROJECT ADDRESS PROJECT DESCRIPTION
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APPLICANT EMAIL:		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 1 & 2 FAMILY
Owner's Name	Mailing Address - Include City & Zip	Phone # ()
Contractors Name	Mailing Address - Include City & Zip	Phone # ()
Contractor License Number	Sq. Ft.	Estimated Cost

SCHEDULE OF INSPECTION FEES	EACH	QTY	TOTAL FEE
REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - RESIDENTIAL 1 & 2 FAMILY			
1. New Bldg/Addition <i>(based on square ft of new sq. ft. area)</i>	\$40 base + \$.07/sq. ft.		
2. Alteration / Replacement & Misc Items <i>(per thousand or fraction thereof of heating project value)</i>	\$11.00		
3. Other (specify)			
RESIDENTIAL MINIMUM PERMIT FEE	\$70.00		

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - COMMERCIAL	EACH	QTY	TOTAL FEE
1. New Bldg/Addition <i>(based on square ft of new area)</i>	\$50 base + \$.06/sq. ft.		
2. Replacement/ Alteration & Misc Items <i>(per thousand or fraction thereof of project valuation)</i>	\$10.00		
3. Kitchen hoods <i>(per hood)</i>	\$150.00		
4. Other (specify)			
COMMERCIAL MINIMUM PERMIT FEE	\$70.00		

INSPECTIONS NEEDED <input type="checkbox"/> ROUGH <input type="checkbox"/> FINAL	TOTAL FEE
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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, express 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.

Approval Conditions: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

SIGNATURE OF APPLICANT	DATE
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RECEIPT INFO		PERMIT ISSUED BY MUNICIPAL AGENT:
Check#	Amt	Name
Rec'd By	Date	Certification No. Date

Permit expires two years
from date issued unless
otherwise noted.