

City of Brookfield Inspection Services Department 2000 N. Calhoun Road Brookfield, WI 53005 Phone: (262) 796-6684 Fax: (262) 796-6702	1&2 Family HVAC & Electrical Permit Application Furnace and/or Air Conditioner Replacements only	<i>Office Use Only</i> Permit No. _____ Date Issued: _____
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Fee schedule Air conditioning \$52.50/unit up to 3 tons or 36,000 BTU's - \$17.00 each additional ton or fraction thereof. Furnaces \$65/unit up to and including 150,000 input BTU units. Additional fee of \$17.00/each 50,000 BTU's or fraction	Address of Job: _____ Owner's Name: _____ Owner's Phone # () _____
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It is hereby agreed between the undersigned, as owner, his agent or servant and the City of Brookfield that for and in consideration of the premises and of the permit for the execution of electrical and H.V.A.C. installation as below described to be issued and granted by the Electrical or Building Inspector, that the work thereon will be done in accordance with the description herein set forth in this statement and it is further agreed to alter or install same in strict compliance with the City of Brookfield Electrical Code and Uniform Dwelling Code and to obey any and all lawful orders of the Electrical Inspector of the City of Brookfield, the Statutes of the State of Wisconsin and the rules and regulations issued by the Department of Commerce of Wisconsin under authority of the State Statutes.

H.V.A.C. Application

Contractor's Name: _____

Mailing Address: _____

City, State, Zip _____

Telephone () _____

Heating License No. _____

State C.F.C. Registration No. _____

Application for Electrical Permit

Electrical Contractor: _____

Mailing Address _____

City, State, Zip _____

Telephone () _____ Master# _____

Make and Model of Furnace BTUs

Unit #1 _____

Unit #2 _____

Fee \$ _____

Make and Model of Air Conditioner Tonnage

Unit #1 _____

Unit #2 _____

Fee \$ _____

No.	Description	Qty.	Rate of Fee Dollars	Cents
1	Light, switch & convenience outlets		\$1.12/ea.	
2.	Central heating unit Gas-oil		\$19.50 ea.	
3.	Refrigerating, air cooling or similar machine		\$19.50 ea.	
4.	SERVICES			
	a. 0 through 100 Amp		\$22.00/ea	
	b. 101 through 200 Amp		\$43.50/ea	
5.	MIMINMUM CHARGE FOR ANY ONE PERMIT		\$70.00	
TOTAL FEES			\$ _____	

Location of unit on property

π East of building

π West of building

π North of building

π South of building

π Other _____

How many feet from affected property line? _____

(Call for placement inspection if unsure of legal placement of A/C (262) 796-6684)

TOTAL FEE \$ _____

Signature of applicant Date

Signature of Supervising Electrician and License No. required for application to be processed.

SUPERVISING ELECTRICIAN SIGNATURE WI Contractor License #.

_____ _____

MAKE CHECKS PAYABLE TO CITY OF BROOKFIELD
DO NOT FILL IN BELOW – DEPARTMENT USE ONLY

Approved by _____ Date _____