



CITY OF BROOKFIELD
 Inspection Services Department
 2000 North Calhoun Road, Brookfield, WI 53005
 Phone: 262-796-6646

| |
|---------------|
| PROP. TAX ID |
| APPLICATION # |
| DATE: |

| | | |
|--|--|--|
| HEATING, VENTILATING & AIR CONDITIONING (HVAC) PERMIT APPLICATION | <input type="checkbox"/> New/ One & Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial | <input type="checkbox"/> New Installation <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration |
|--|--|--|

Job Location: When requesting an inspection, give address as listed: _____ **Occupant Name:** _____

STREET ADDRESS: _____ Estimated Cost of Job: \$ _____

Contractor Information: _____

| | | |
|-------------------|------------|-------|
| CONTRACTOR NAME | CITY STATE | ZIP |
| MAILING ADDRESS | PHONE # | EMAIL |
| HEATING LICENSE # | | |

| | | |
|-------------|-----------------|---------|
| OWNERS NAME | MAILING ADDRESS | PHONE # |
|-------------|-----------------|---------|

Make and Model of Furnace/AC:

| Unit # | Make & Model of Furnace | BTUs | Make & Model of A/C | Tonnage |
|----------|-------------------------|------|---------------------|---------|
| Unit # 1 | | | | |
| Unit # 2 | | | | |
| Unit # 3 | | | | |
| Unit # 4 | | | | |
| Unit # 5 | | | | |
| Unit # 6 | | | | |

Schedule of Inspection Fees: New building, replacement and modifications of heating and air conditioning equipment and miscellaneous items.

| | | RATE | COUNT | SUB-TOTAL |
|---|--|----------|-------|-----------|
| GAS, OIL OR ALTERNATIVE FUEL FURNACE & BOILER: | ONE & TWO FAMILY – 1 ST 150,000 BTU | \$73.00 | | |
| | COMMERCIAL – 1 ST 150,000 BTU | \$73.00 | | |
| | EACH ADDT'L 50,000 BTU OR FRACTION THEREOF: | \$18.40 | | |
| AIR CONDITIONING: | ONE & TWO FAMILY – 1 ST 3 TONS | \$57.00 | | |
| | COMMERCIAL – 1 ST 3 TONS | \$57.00 | | |
| | EACH ADDT'L TON OR FRACTION THEREOF: | \$19.00 | | |
| FIREPLACE AND WOOD BURNING STOVE | | \$73.00 | | |
| COMMERCIAL/INDUSTRIAL EXHAUST HOODS AND EXHAUST | | \$140.00 | | |
| EXHAUST FAN/BATH FAN | | \$50.00 | | |
| HEATING AND A/C DISTRIBUTION SYSTEMS (DUCTWORK) | PER 100 SQUARE FEET OF AREA HEATED/ AIR CONDITIONED THE DISTRIBUTION SYSTEM SERVES _____ SQUARE FEET | \$2.00 | | |
| PLAN EXAM FEE | | \$68.00 | | |

LOAD CALCULATIONS SHALL BE PROVIDED WITH ALL ROOFTOP UNITS (RTUs)

Minimum Permit Fee is \$50.00

Applicant Signature - The applicant agrees to comply with all municipal ordinances and with the conditions of this permit. The issuance of the permit creates no legal liability (expressed or implied) of the department, municipality, agency or inspector, and certifies that all the above information herein is accurate. Failure to comply may result in suspension or revocation of the permit or other penalty. Commercial and multi-family projects shall include state-approved heating plans. For a new residential building; heating plans, heat loss calculations &/or specifications, or specific equipment installation plans are required. Final inspections are mandatory. Work started prior to receiving an approved permit will result in a double fee.

Signature: _____ **Date:** _____

| | | |
|--|-----------|--|
| Section IV Subtotal | = | |
| DOUBLE FEE x 2 (where applicable) | = | |
| Total Permit Fee | \$ | |
| OFFICE USE ONLY - PERMIT ISSUED BY: | | |
| NAME: | _____ | |
| DATE: | _____ | |