

Village of Weston 5500 Schofield Ave. Weston, WI 54476	<h1 style="margin: 0;">HVAC Permit Application</h1> <p style="margin: 0;">Commercial & Multifamily New Building & Alterations</p>	Application No. _____ <hr/> Parcel No. _____
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PERMIT REQUESTED	<input checked="" type="checkbox"/> HVAC Project Type: <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION
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Owner's Name	Mailing Address	Tel.
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Construction Contractor's Name:	Lic/Cert#	Mailing Address	Tel.
			FAX

Heating & Air Conditioning Contractor's Name:	Lic/Cert#	Mailing Address	Tel.
			FAX

PROJECT LOCATION	Lot area _____ Sq. ft.	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W
Building Address	Subdivision Name	Lot No. _____ Block No. _____
Zoning District(s)	Zoning Permit No.	Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

New & Remodel Commercial & Multifamily (3 or more units) Buildings:

Square feet _____ Times \$.03 _____

Minimum permit fee \$50.00 _____

Replacement of Commercial & Multifamily Mechanical Equipment

Furnace Boiler Roof Top Unit Fireplace Air Conditioner Other: _____

Replacement of 1 to 3 units \$25.00 per unit. *Replacement of more than 3 units \$15.00 per unit.*

Calculation: number of units being replaced _____ Times fee from above \$ _____

Total Fee \$ _____

FEES ARE DOUBLED IF WORK IS STARTED PRIOR TO ISSUANCE OF PERMIT!

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

Cost of Project: _____

ISSUING JURISDICTION	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location <h2 style="text-align: center; margin: 0;">37 - 192</h2>
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FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:	
Plan Review \$ _____	<input type="checkbox"/> Construction	Name: Shaun Scott Tatro	
Inspection \$ _____	<input checked="" type="checkbox"/> HVAC	Date: _____ Tel. (715) 241-2620	
Other: \$ _____	<input type="checkbox"/> Electrical	Cert No.: 170565	
Total \$ _____	<input type="checkbox"/> Plumbing		
	<input type="checkbox"/> Erosion		

