

Town of Ixonia

W1195 Marietta Ave. • P.O. Box 109 • Ixonia, WI 53036
 Phone: (920) 261-2966 • Fax: (920) 261-8988

Town of Ixonia
 W1195 Marietta Ave.
 Post Office Box 109
 Ixonia, WI 53036
For Inspection Call
Phone: (920) 261-2966

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

Heating, Ventilating & Air Conditioning Permit Application

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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ESTIMATED COST	LICENSE NUMBER
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LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING ADDITION REMODELING	Base Fee	\$35.00	_____	_____
	Plus (Min \$75.00).....	.04/Sq. Ft.	_____ Sq. Ft.	_____
		For All Areas		

REPLACEMENT, MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS

Gas, oil, electric and coal furnace and boiler				
	One and two family - First 150,000 BTU	35.00	_____	_____
	Commercial - First 150,00 BTU	45.00	_____	_____
	All over 150,000 BTU	\$3/50,000 BTU	_____	_____
Air Conditioning				
	One and two family	35.00	_____	_____
	Commercial	45.00	_____	_____
	All over 36,000 BTU	\$2/12,000 BTU	_____	_____
	Fireplace and wood burning stove	35.00	_____	_____
	Electric baseboard, wall unit and cabinet unit	1.25/KW	_____	_____
	Duct work alteration	35.00	_____	_____
	Other	_____	_____	_____

Minimum Permit Fee \$50.00 Each
 Reinspect Fee \$50.00 Each
 Failure to call for inspection..... \$50.00 Each

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

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.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial, and buildings housing over two families shall have **State Approved** heating plans with his application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____ NO REFUNDS ON PERMITS	Clk # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless otherwise noted below. _____	Name _____ Date _____ Certification No. _____