

**Village of Sullivan**  
 500 Madison Ave, PO Box 6  
 Sullivan, WI 53178

Permit #
Tax Key #
Building Permit #

**Heating, Ventilating & Air  
 Conditioning  
 Permit Application**

For Inspections Call: (262)-490-0513

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWOFAMILY

OWNER'S NAME	MAILING ADDRESS – INCLUDE CITY & ZIP	TELEPHONE – INCLUDE AREA CODE
--------------	--------------------------------------	-------------------------------

CONTRACTOR'S NAME	MAILING ADDRESS – INCLUDE CITY & ZIP	TELEPHONE – INCLUDE AREA CODE
-------------------	--------------------------------------	-------------------------------

ESTIMATED COST:	LICENSE NUMBER:
-----------------	-----------------

SCHEDULE OF INSPECTION FEES	EACH	.04/ Sq.Ft.	FEE
<b>New Building</b> .....	\$50.00	(All Areas)	_____
<b>Addition</b> .....	\$50.00	_____	_____
<b>Remodel</b> .....	\$50.00	_____	_____

REPLACEMENT, MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS			
<b>Gas, Oil, Electric Furnace and Boiler</b>			
One and Two family - First 150,000 BTU.....	\$35.00	_____	_____
Commercial – First 150,000 BTU.....	\$65.00	_____	_____
All over 150,000 BTU.....	\$25.00/50,000 BTU	_____	_____
<b>Air Conditioning:</b>			
One and Two family.....	\$35.00	_____	_____
Commercial.....	\$65.00	_____	_____
All over 36,000.....	\$10.00/12,000BTU	_____	_____
<b>Fireplace or Wood Burning Stove</b> .....	\$50.00	_____	_____
<b>Electrical Baseboard, Wall Unit and Cabinet Unit</b> .....	\$3.00/KW	_____	_____
<b>Duct work Alteration</b> .....	\$35.00	_____	_____
<b>Commercial Kitchen Hood System</b> .....	\$75.00	_____	_____
<b>Other</b> .....	\$50.00	_____	_____
Minimum Permit Fee .....	\$50.00 Each		
Reinspect Fee .....	\$50.00 Each		
Failure to call for inspection.....	\$100.00 Each		
<b>***DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED***</b>			

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 48 hours notice on all inspections.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee \$ _____ <b>NO REFUNDS ON PERMITS</b>	Ck# _____ Date _____ From _____ _____ Rec. By _____	<b>Permit Expires 2 Years</b> from date unless otherwise noted below. _____	Name _____ Date _____