



Village of Jackson

P.O. Box 637 ~ N168 W20733 Main Street ~ Jackson, WI. 53037
 Phone: (262) 677-9696 ~ Fax: (262) 677-9710

Permit # _____

Heating, Ventilating & Air Conditioning Permit Application

Owner _____
 Job Address _____

Contractor _____ Cert. # _____
 Contractor's Address _____

Electrical Contractor _____
 Phone _____

Phone _____

Residential Multi-Family Commercial Industrial

1) Project Type:

New Additional Replacement Other

2) Type of Equipment Being Installed:

- a. Manufacturer _____
- b. Model # _____
- c. BTU's Input _____
- d. Ton's of Cooling _____

3) Fuel Source:

Natural Gas Fuel Oil Electric Other

4) Method of Exhaust:

Chimney (masonry) Direct vent (PVC) "A" Vent "B" Vent

Other _____

NO.	Description	QTY.	Rate of Fee	Amount
A.	Heating up to 150,000 BTU input		\$60.00 per unit	
B.	Each additional 50,000 BTU		\$16.00 per 50,000	
C.	Fireplace / Woodstove / Incinerator		\$60.00 per unit	
D.	Air to Air Heat Recovery Unit		\$60.00 per unit	
E.	AC Residential		\$60.00 per unit	
F.	AC Commercial (Up to Three Ton Unit)		\$60.00 per unit	
	\$18.00 per ton of cooling over 3 tons		\$750 max. permit fee	
G.	Commercial Exhaust Hoods and Systems		\$150.00 per system	
H.	Commercial Duct Work		\$60.00 per system	
I.	Failure to call for inspection		\$75.00 per inspection	
J.	Failure to secure permit prior to start		Double Entire Fee	
Total Permit Fee.....Minimum Charge For Any Permit \$60.00			Total HVAC Permit	

All Fees Payable To: Village of Jackson

The applicant agrees to comply with the Building Code and other Ordinances of the Village of Jackson, the Laws of the State of Wisconsin, and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, on the Municipality; certifies that all the information is accurate.

Signature _____ Date _____

For Office Use:	Date Received _____	By _____	Amount Received _____
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