

<b>City of Brookfield</b> <b>Inspection Services Department</b> 2000 N. Calhoun Road Brookfield, WI 53005 Phone: (262) 796-6684 Fax: (262) 796-6702	<b>1&amp;2 Family</b> <b>HVAC &amp; Electrical</b> <b>Permit Application</b> <b>Furnace and/or Air Conditioner</b> <b>Replacements only</b>	FOR OFFICE USE ONLY Tax Key #: _____ Permit No: _____ Date Issued: _____
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<b>Fee schedule</b> <b>Air conditioning</b> \$55.00/unit up to 3 tons or 36,000 BTU's - \$18.20 each additional ton or fraction thereof. <b>Furnaces</b> \$70/unit up to and including 150,000 input BTU units. Additional fee of \$17.70/each 50,000 BTU's or fraction	Address of Job: _____ Owner's Name: _____ Owner's Phone #: _____
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It is hereby agreed between the undersigned, as owner, his agent or servant and the City of Brookfield that for and in consideration of the premises and of the permit for the execution of electrical and H.V.A.C. installation as below described to be issued and granted by the Electrical or Building Inspector, that the work thereon will be done in accordance with the description herein set forth in this statement and it is further agreed to alter or install same in strict compliance with the City of Brookfield Electrical Code and Uniform Dwelling Code and to obey any and all lawful orders of the Electrical Inspector of the City of Brookfield, the Statutes of the State of Wisconsin and the rules and regulations issued by the Department of Commerce of Wisconsin under authority of the State Statutes.

<b>H.V.A.C. Application</b>
Contractor's Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
Heating License No. _____
State C.F.C. Registration No. _____

<b>Application for Electrical Permit</b>
Electrical Contractor: _____
Mailing Address _____
City, State, Zip _____
Telephone(s) _____
Master Electrician # _____

<b>Make and Model of Furnace</b>	BTUs
Unit #1 _____	
Unit #2 _____	
<b>Fee \$</b> _____	
<b>Make and Model of Air Conditioner</b>	Tonnage
Unit #1 _____	
Unit #2 _____	
<b>Fee \$</b> _____	

No.	Description	Qty.	Rate of Fee Dollars	Cents
1	Light, switch & convenience outlets		\$1.19/ea.	
2.	Central heating unit Gas-oil		\$20.30 ea.	
3.	Refrigerating, air cooling, or similar machine		\$20.30 ea.	
<b>4.</b>	<b>SERVICES</b>			
	a. 0 through 100 Amp		\$22.90/ea	
	b. 101 through 200 Amp		\$45.25/ea	
<b>* MINIMUM CHARGE FOR ELECTRIC PORTION OF PERMIT</b>			\$73.00	
<b>ELECTRIC TOTAL FEES \$</b>				

<b>Location of unit on property</b>
π East of building
π West of building
π North of building
π South of building
π Other _____
How many feet from affected property line? _____
<b>(Call for placement inspection if unsure of legal placement of A/C (262) 796-6684)</b>

<b>HVAC TOTAL FEES \$</b> _____
Signature of applicant _____
Date _____

Signature of Supervising Electrician and License No. required for application to be processed.	
SUPERVISING ELECTRICIAN SIGNATURE _____	WI Contractor License #. _____

MAKE CHECKS PAYABLE TO: CITY OF BROOKFIELD

DO NOT FILL IN BELOW – DEPARTMENT USE ONLY

Approved by: _____	Date: _____
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