

City of Brookfield Inspection Services Department 2000 N. Calhoun Road Brookfield, WI 53005 Phone: (262) 796-6684 Fax: (262) 796-6702	1&2 Family HVAC & Electrical Permit Application Furnace and/or Air Conditioner Replacements only	<i>FOR OFFICE USE ONLY:</i> Tax Key #: _____ Permit No: _____ Date Issued: _____
---	---	--

Fee schedule Furnaces \$77/unit up to and including 150,000 input BTU units. Additional fee of \$19.30/each 50,000 BTU's or fraction thereof. Air conditioning \$60.00/unit up to 3 tons or 36,000 BTU's - \$20.00 each additional ton or fraction thereof.	Address of Job: _____ Owner's Name: _____ Owner's Phone #: _____
--	--

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.

H.V.A.C. Application
Contractor Name: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Heating License No. _____ Email: _____ <input type="checkbox"/> Check box if you would like your permit emailed

Application for Electrical Permit
Contractor Name: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: _____ Master Electrician # _____ WI Contractor License # _____ Email: _____ <input type="checkbox"/> Check box if you would like your permit emailed

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

No.	Description	Qty.	Rate of Fee Dollars	Cents
1	Light, switch & convenience outlets		\$1.30 ea.	
2.	Central heating unit Gas-oil		\$22.15 ea.	
3.	Refrigerating, air cooling, or similar machine		\$22.15 ea.	
4.	SERVICES			
	a. 60 through 100 Amp		\$25.00 ea.	
	b. 101 through 200 Amp		\$49.35 ea.	
	* MINIMUM CHARGE FOR ELECTRIC PORTION OF PERMIT		\$80.00	

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

HVAC TOTAL FEES \$ _____
_____ SIGNATURE OF HVAC APPLICANT Date

ELECTRIC TOTAL FEES \$ _____
Signature of Supervising Electrician, Master Electrician #, & WI Contractor License # required for application to be processed. _____ SUPERVISING ELECTRICIAN SIGNATURE Date

MAKE CHECKS PAYABLE TO: CITY OF BROOKFIELD
 DO NOT FILL IN BELOW – DEPARTMENT USE ONLY

Approved by: _____	Date: _____
--------------------	-------------