



Parcel No. _____

Permit No. _____

VILLAGE OF WINNECONNE, WI
 PO BOX 488 • Winneconne, WI 54986 • PH. 920-582-4381 • FAX 920-582-0660

Residential & Commercial HVAC Permit

Property Owner: _____ Phone: _____

Property Address: _____

Contractor's name: _____ Phone: _____

Contractor's address: _____ License #: _____

Type of occupancy: _____

Job description: _____

<u>ITEMS</u>	<u>COUNT</u>	<u>FEES</u>
Base fee includes one furnace or A/C unit		\$50.00
Duct work Alteration		\$30.00
Additional furnace or A/C unit	count _____	x \$30.00 = _____

Project total cost \$ _____ **Minimum Fee \$50.00** **Total Fees \$** _____

Commercial Fees: \$50.00 plus _____ (sq ft) x \$0.05 per sq ft \$ _____ **Total Fees \$** _____

Owner/Contractor: _____ Date: _____

Inspector: _____ Date: _____

Payable to: Village of Winneconne, PO BOX 488 • Winneconne, WI 54986 • PH 920-582-4381 • FAX 920-582-0660

Mail to: Marty Johnson, 8291 Trift Rd, Omro, WI 54963, PH 920-410-6756

All work to meet the State Codes or reinspection fees will be charged for improper installation.

The owner/contractor is responsible for making arrangements for the final inspection.