CITY OF TOMAH PERMIT #_____

APPLICATION FOR HEATING VENTILATION & AIR CONDITIONING PERMIT

819 SUPERIOR AVE, WI, 54660

JOB LOCATION	OWNER/BUILDER
CONTRACTORS NAME (PRINT)	OWNER'S ADDRESS
CONTACT PERSON (PRINT)	ESTIMATED COST
CONTRACTORS STATE LICENSE #	CONTRACTORS PHONE NO.
COMPANY ADDRESS CITY ZIP	

Description of work:_____

_____

TYPE OF BUILDING OR STRUCTURE	# NEW	# EXISTING

EQUIPMENT HEATING UNITS AIR CONDITIONERS AND INCINERATORS	**MANUFACTURER, MODEL, EQUIPMENT SIZE (BTU/TONS)**	**NUMBER OF UNITS**
UNIT 1		
UNIT 2		
UNIT 3		
UNIT 4		
UNIT 5		
UNIT 6		
UNIT 7		
UNIT 8		

WOOD OR GAS		
FIREPLACE UNIT		

	FEE PAID
TOTAL FEES SUBMITTED	

FEE SCHEDULE

COST	**FEE**
UP TO $1000.00	$25.00
$1001.00 TO $2500.00	$40.00
$2501.00 TO $4000.00	$45.00
$4001.00 TO $6000.00	$50.00
$6001.00 TO $8000.00	$55.00
$8001.00 TO $10,000.00	$60.00
Over $10,000.00	$60.00 plus $2.50 per thousand In excess of $10,000.00

-FAILURE TO OBTAIN PERMIT PRIOR TO WORK, EXCEPT EMERGENCY CASES- DOUBLE FEES
-PLEASE CALL **374-7429** FOR INSPECTIONS, **24 HOUR NOTICE IS REQUIRED**

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CONTRACTORS SIGNATURE DATE