

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
Contractor email:		

Description of work:

TYPE OF BUILDING OR STRUCTURE	# NEW	# EXISTING
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<u>EQUIPMENT</u>	<u>MANUFACTURER, MODEL, EQUIPMENT SIZE (BTU/TONS)</u>	<u>NUMBER OF UNITS</u>
HEATING UNITS AIR CONDITIONERS AND INCINERATORS		
UNIT 1		
UNIT 2		
UNIT 3		
UNIT 4		
UNIT 5		
UNIT 6		
WOOD OR GAS		
FIREPLACE UNIT		

TOTAL FEES SUBMITTED	FEE PAID
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FEE SCHEDULE

<u>COST</u>	<u>FEE</u>
UP TO \$1000.00	\$30.00
\$1001.00 TO \$2500.00	\$45.00
\$2501.00 TO \$4000.00	\$50.00
\$4001.00 TO \$6000.00	\$55.00
\$6001.00 TO \$8000.00	\$60.00
\$8001.00 TO \$10,000.00	\$65.00
Over \$10,000.00	\$65.00 plus \$3.00 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**

CONTRACTORS SIGNATURE	DATE
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