

Village of Wind Point

Heating, Ventilation & Air Conditioning (HVAC) Permit Application



Submit applications with fees to: Village Office, 215 E. Four Mile Rd., Racine, WI 53402. Make checks payable to Village of Wind Point. A self-addressed stamped envelope must be included with mailed applications for the permit placard and receipt to be returned to you. For questions or to request an inspection, call the Building Inspector Al Kosterman at 262-989-9215. Permits are valid for a period of one year from the date of issuance.

APPLICANT INFORMATION

Application Date: _____ Property Address: _____
Contractor Name: _____ Phone: _____
Contractor Address: _____ License No. _____
Contractor E-mail Address: _____
Name of Person Performing Electrical Work: _____ Phone: _____
Electrical License No.: _____ Heating License No.: _____
Homeowner Name: _____ Phone: _____
Estimated Job Cost: _____

DESCRIPTION	COST	FEE
Heating Units – List the # of Units and # BTU's per unit:	\$50.00 each unit up to 150,000 BTU; \$16.00 for each additional 50,000 BTU.	
A/C Units – List the # of Units and # BTU's per unit:	\$50.00 each unit up to 36,000 BTU; \$16.00 for each additional 12,000 BTU.	
Ductwork: _____ sq. ft.	\$1.60 per 100 sq. ft. with \$50.00 minimum.	
Commercial/Industrial Exhaust Hoods & Systems: # _____	\$170.00 each.	
All New Construction: _____ sq. ft.	\$0.05/sq. ft. of all heated areas plus \$50.00 base fee.	
SUBTOTAL		
20% Administrative Fee (Subtotal x 20%) =		
TOTAL PERMIT FEE		

APPLICANT SIGNATURE

Applicant agrees to comply with Village Ordinances, state statutes, federal regulations and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Village or Inspector; and certifies that all the above information is accurate.

SIGNATURE: _____ **DATE:** _____

For Office Use Only

DATE FILED: _____ AMOUNT PAID: _____ RECEIPT #: _____
RECEIVED BY: _____ FINAL INSPECTION DATE: _____
INSPECTOR SIGNATURE: _____