



Building Permit Application Heating, Ventilating & Air Conditioning

City of Port Washington
Department of Building Inspection
100 W Grand Ave – PO Box 307
Port Washington, Wisconsin 53074
262-268-4277 Fax 262-284-7660

Job Location (identify exact address)			Zoning	Permit #	
Owner's Name	Phone Number	Contact's Name		Phone Number	
Owner's Address <i>(If different from above)</i>		City	State	Zip Code	
Contractor's Name	License Number	Contact's Name		Phone Number	
Contractor's Address		City	State	Zip Code	
Inspections are required before any work is concealed, when work is complete and prior to occupancy or use. It is the responsibility of permit holder to arrange with this office appointment times for the required inspections. Notification by telephone message, fax or mail that work is complete is not acceptable. Reinspection fees will be charged. For questions call this office.				Estimated Cost Of Work	
Furnace or Boiler Make & Model _____ One & Two Family - 1 st 150,000 BTU _____ Commercial - 1 st 150,000 BTU BTU's _____ Each Additional 50,000 or _____ fraction thereof - maximum \$750/unit Air Conditioning Make & Model _____ One & Two Family - 1 st 3 Tons _____ Commercial - 1 st 3 Tons Tonnage _____ Each Add'l Ton or 12,000 BTU or _____ fraction thereof - maximum \$750/unit HVAC Distribution System _____ (Ductwork) Per 100 Square Feet Of Area Commercial/Industrial Exhaust Hoods & Exhaust Systems _____ Plan Exam Fee _____ Plan Exam Fee Fireplace or Wood Burning Stove _____ Flammable Liquid Storage Tank Installation Or Removal _____ \$60 min Other _____			RATE	COUNT	FEE
			\$60.00		
			\$60.00		
			\$18.00		
			\$60.00		
			\$60.00		
			\$18.00		
			1.95/\$60min		
			\$160.00/unit		
			\$70.00		
			\$60.00		
			\$12/1000 gal		
Permit Issued By		Date	Total Fees		
Additional Information					
_____ _____ _____					
Department Notes					
_____ _____ _____					
I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all City of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.					
Applicant's Signature		Print Name	Date		

If copy of issued permit is needed include a stamped addressed envelope.

Revised January 1, 2022