

OFFICE USE ONLY: Paid on ____/____/____ by Cash ____ or Check # ____ Amount \$ ____ Sc ____ Ex ____ QB ____

**TOWN OF TRENTON
H.V.A.C.
PERMIT APPLICATION**



Town of Trenton
1071 Highway 33E
West Bend, WI 53095

H.V.A.C. PERMIT NUMBER	
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***** PLEASE NOTE THAT CONTACT PHONE NUMBERS FOR BOTH OWNER AND CONTRACTOR ARE REQUIRED*****

DATE _____ OWNER _____ PHONE _____

ADDRESS _____ EMAIL _____

PROJECT ADDRESS OR DESCRIPTION _____

CONTRACTOR _____ ADDRESS _____

CONTACT _____ PHONE _____ EMAIL _____

LICENSE/CERTIFICATION # _____ EXPIRATION _____

Remarks: _____

If any work is commenced before a permit is obtained, all of the below fees shall be doubled.

I acknowledge that I am fully aware of the implications of all requirements, and will abide by all codes relating to this project:

Signature: _____ Date: _____

	Sq ft of living area			
Heating Including Duct Work	_____	@ \$0.02 per sq ft	\$	_____
Air Conditioning	_____	@ \$0.02 per sq ft	\$	_____
<u>Other Items</u>		<u>Number</u>		
Natural Gas Service		_____	@ \$25.00	\$ _____
Incinerator Unit		_____	@ \$30.00	\$ _____
Natural Fireplace		_____	@ \$30.00	\$ _____
Air Conditioning Unit		_____	@ \$30.00	\$ _____
Furnace Unit		_____	@ \$30.00	\$ _____
Gas Fireplace		_____	@ \$15.00	\$ _____
Radiant Heating Unit		_____	@ \$15.00	\$ _____
SUBTOTAL OF ITEM CHARGES			\$	
ADD: BASE FEE ALL PERMITS			\$	25.00
TOTAL AMOUNT ENCLOSED:			\$	