

OFFICE USE ONLY: Paid on ____/____/____ by Cash Check # _____ CC 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 _____ TAX KEY: T11 _____

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:			\$	_____