

<b>City of Watertown</b> 106 Jones Street Watertown WI 53094 Phone # 920-262-4060 Fax # 920-262-4058 www.ci.watertown.wi.us	<b><u>Building Safety &amp; Zoning</u></b> <b><u>Department</u></b>  <b>HEATING, VENTILATING &amp;</b> <b>AIR CONDITIONING</b> Permit Application	<b>OFFICE USE ONLY</b> Permit # _____  Date: _____  Parcel # _____
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**Owner & Contractor Information**

<b>Job location:</b>			
Owner's Name	Mailing Address	Phone #	
Contractor's Name		Telephone (Include Area Code)	
Mailing Address		Electrical Contractor	
City	State	Zip	Electrical License #
Heating License #		Contractor Phone #	

The undersigned hereby applies for a HVAC permit to do work herein described and located as shown on the attached sheet of this application. The undersigned agrees that all work will be done in accordance with the building codes and all other ordinances of the City of Watertown and with all laws in the State of Wisconsin applicable to said installations. Double fees will be charged if work is started before the permit is issued.

**Contractor Signature** \_\_\_\_\_

**Permit approved by:**  
**Inspector Signature :** \_\_\_\_\_

**Type of Property**     1&2 family     Multi-family     Commercial/Industrial

**Submittal Required**     Letter only     City plan approval     State plan approval     Not Applicable

**SCHEDULE OF FEES**

Description	Quantity	Rate	Fee
Each piece of heating equipment		\$27.50	
Each piece of air conditioning equipment		\$32.50	
Each piece of air conditioning equipment if heating unit is included on same permit		\$22.50	
Each piece of commercial ventilation equipment		\$55.00	
<b>Administrative Fee</b>	<b>1</b>	<b>\$27.50</b>	<b>\$27.50</b>
Minimum permit fee		\$55.00	
<b>Total permit fee</b>			

Notes:	<b>Payment Information</b>
	Check #: _____    Cash: _____
	Date: _____
	Amount: _____    Receipt #: _____
Rough: _____    Final: _____	Received by: _____

