Town of Palmyra		HVAC Permit Application				
Mail To: PO BOX 25 OKAUCHEE WI 53069 Permit				0		
Make Check F	Payable to:					
WIA or Wisconsin Inspection Agency □ Resi			Residen	ential		
		ections: 262-490-0513 / 24	Hour Notice Red	quired		
Project Location	Building address					
Project Description						
Owner's Name		Mailing Address, City & Zip	Telephone & Area Code			
Contractor's Name	License No	Mailing Address, City & Zip	Telephone & Area Code			
Estimated Cost of Pr	roject					
New /Exsisting				Price	Quantity	Total Fee
Commercial / Industrail			Minimum	\$75.00		
			Plus	\$.05 Per Sq Ft		
Agricultural			Minimum	\$50.00		
			Plus	\$.05 Per Sq Ft		
			TOTAL			
OTHER HVAC ITEM	IS			Price	Quantity	Total Fee
			TOTAL			
		PLIED IF WORK IS STARTED W			Min Fee \$5	
creates no legal liability, e Permits Expire two	express or implied, of the years from issue d	ordinances and with the conditions of this department, agency, municipality or inspendente.				
Conditions of appro	oval:					
Signature of Applicant				Date		
	For C	office Use Only		FEES		
Check #		Building Inspector's Approval		Building		
Date				WI Seal		
Rcvd By	Signati	ure		Electric		
	Date			Plumbing HVAC		

Note:

Other_

NO REFUNDS ON PERMITS