

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.06 (a) 3.

**UNIFORM
HEATING, VENTILATING, and AIR CONDITIONING
APPLICATION**

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED CONSTRUCTION PLUMBING ELECTRICAL OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION _____ NEW CONSTRUCTION _____ ADDITION _____ REMODEL _____
ONE AND TWO FAMILY _____ COMMERCIAL _____

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT & MODIFICATIONS OF HEATING & AIR CONDITIONING EQUIPM & MISC. ITEMS

	EACH	COUNT	FEE
Gas, oil, electric and coal furnace and boiler	\$25.00	_____	_____
First 150,000 BTU	\$25.00	_____	_____
150,000 BTU	\$3/50,000 BTU	_____	_____
All Over 150,000 BTU		_____	_____
Air Conditioning	\$25.00	_____	_____
All Over 36,000 BTU		_____	_____
Fireplace and wood burning stove	\$25.00	_____	_____
Electric baseboard, wall unit and cabinet unit	\$1.25/KW	_____	_____
Duct work alteration	\$25.00	_____	_____
Other	\$25.00	_____	_____

Minimum Permit Fee _____ \$50.00

RE-INSPECTION FEE _____ \$25.00 EACH
FAILURE TO CALL FOR INSPECTION _____ \$25.00 EACH
DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	