

## **INCLUDES: HUBERTUS & COLGATE VILLAGE OF RICHFIELD**

## **HEATING, VENTILATING &**

PERMIT NO.	
ΓΑΧ KEY#	

Fax: (262) 628-2984 **AIR CONDITIONING PERMIT** inspector@richfieldwi.com

Certification No.

**Online Payments** 

<u> </u>	Nome			
PERMIT FEE	PER	MIT ISSUED BY INSPECTO	DR:	
	ED IF WORK IS STARTED BEFORE PER	MIT IS ISSUED TOTAL FEES	\$	
	ction\$50.00			
	\$50.00 \$30.00			
	\$50.00			
	Exhaust Hoods & Exhaust Sys	, , ,		
•	rning	, , ,		
, , ,	of air conditioned area)	(\$25 minimum)		
Heating & A/C Distribu				
_	U.			
Over 150,000 B.T.UAir Conditioning		, ,		
Gas, oil, electric, boiler				
Furnace				
	MENT AND MODIFICATIONS OF	2260. Give	at least 24 hours notice.	
Front		Have Permi	t/Application number and address sting inspections. Call (262) 628-	
		and specific	ations of the equipment to be all be included with this application.	
Side Home	Side	over two far APPROVED	nilies shall have STATE  heating plans with this application. heating plans, heat loss calculations	
Rear		suspension	Failure to comply may result in or revocation of this permit or other mmercial, and buildings housing	
Please sketch in location on A/C unit	(ir applicable)	This permit	NDITIONS OF APPROVAL is issued pursuant of the following	
Permit/Application number and a	address when requesting inspection	ns. Call (262) 628-2260. Give at le	ast 24 hours notice on all inspections.	
The applicant agrees to comp	oly with the Ordinances and with the ress or implied of the Department or	conditions of this permit; understa	nds that the issuance of the permit	
Signature of applicant:		Date:		
needed for all HVAC replacements)				
		Contractor's License No Electrician's Phone No		
• •				
Contractor's Address, City & Zip _				
Contractor's Name	•			
Project Owner's Address (If differe				
Project Description		•	0.10 1.10	
	Project Owner's Phone No			
Project Address				