

TOWN OF SARATOGA 1120 HWY 73 S WISC RAPIDS, WI 54494 715-325-5204	TOWN OF SARATOGA HVAC ALTERATIONS/ADDITIONS		Application No.
			Parcel No.

Owner's Name:	Mailing Address:	Tel.
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Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel.
			FAX

PROJECT LOCATION	Lot area			
	Sq. ft.	1/4,	1/4, of Section	, T N,R

Building Address:	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.
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PROJECT DESCRIPTION						

\$55.00 New furnace or A/C (replacements) HVAC work \$.05 /sq.ft (\$35.00–minimum)	PROJECT COST:
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I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, and the assessor permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE	DATE SIGNED
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APPROVAL CONDITIONS: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

ISSUING JURISDICTION	X Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location
	SARATOGA	

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> HVAC		NAME
Inspection \$ _____			DATE _____ TELEPHONE NO: 715 459-8650
Wis. Permit Seal \$ _____			Cert. No.
Other \$ _____			
Total \$ _____			