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.
Contractor's Name: ☐Con☐Elec☑HVAC☐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.

Zoning District(s)	Zoning Permit No.	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.

PROJECT DESCRIPTION

$55.00 New furnace or A/C (replacements)
HVAC work $.05 /sq.ft ($35.00–minimum)

PROJECT COST:

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**

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 ☐Village ☐City ☐State of: SARATOGA	Municipality Number of Dwelling Location

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review $____ Inspection $____ Wis. Permit Seal $____ Other $____ Total $	☐HVAC		NAME DATE____ TELEPHONE NO: Cert. No.