

**CITY OF FRANKLIN**  
**APPLICATION FOR HEATING AND AIR CONDITIONING PERMIT**

9229 W. LOOMIS ROAD, FRANKLIN, WISCONSIN 53132

Phone (414) 425-0084 Fax (414) 425-7513

(applications can be downloaded at [www.franklinwi.gov](http://www.franklinwi.gov))

JOB ADDRESS:		OWNER/OCCUPANT'S NAME:	
CONTRACTOR'S COMPANY NAME:                      CONTR. REGISTRATION #:		ADDRESS:	
CONTRACTOR'S ADDRESS:		CITY:	ZIP:
CITY:		ZIP:	PHONE:
PHONE:	FAX:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> NEW TO EXISTING BUILDING <input type="checkbox"/> DIRECT REPLACEMENT	
EMAIL ADDRESS:	ESTIMATED COST: (REQUIRED)	Project Description (required): _____	

<u>EQUIPMENT</u> HEATING UNITS AIR CONDITIONERS POOL HEATERS INCINERATORS AIR HANDLING UNITS *GARAGE HEATERS*	<u>HEATING EQUIPMENT</u> \$50.00 PER UNIT TO 150,000 BTU(INPUT) \$17.00 EACH ADD'L 50,000 BTU OR FRACTION THEREOF <u>AIR CONDITIONING AND COOLING EQUIPMENT</u> \$50.00 PER UNIT UP TO 3 TON \$17.00 EACH ADD'L TON (12,000 BTU) OR FRACTION THEREOF <u>MAXIMUM FEE OF \$1000.00 PER HVAC OR A/C UNIT</u> <b>**GARAGE HEATERS**IF HEATING OVER 50 DEGREES MUST PROVIDE HEAT LOSS CALCUS*</b>		<b>ROUND ALL FEES UP TO THE NEXT WHOLE DOLLAR</b>
	<b>THE FOLLOWING INFORMATION IS REQUIRED ON ALL SUBMITTALS</b> MANUFACTURER / MODEL / EQUIPMENT SIZE [INPUT (BTU / TONS)] / EER / IEER RATING	NO. OF UNITS	FEE
UNIT 1			\$
UNIT 2			\$
UNIT 3			\$
UNIT 4			\$
UNIT 5			\$
UNIT 6			\$
DUCTWORK & DISTRIBUTION SYSTEMS	TOTAL SQ FT OF HEATED SPACE @ \$1.90 PER 100 SQ FT: _____ SQ. FT. <b>ROUND UP TO THE NEXT WHOLE DOLLAR</b> <u>DUCTWORK &amp; DISTRIBUTION SYSTEMS- \$50.00 MINIMUM FEE</u>		\$
COMM. EXHAUST HOODS/SYSTEMS	NUMBER OF EXHAUST HOODS/EXHAUST SYSTEMS _____ @ \$170.00 PER EXHAUST HOOD		\$
<b>**PLAN EXAM FEE IS REQUIRED FOR ALL COMMERCIAL/ INSTITUTIONAL/INDUSTRIAL/MULTI- FAMILY DWELLINGS (3+ UNITS)**</b> <b>PLAN SUBMITTAL IS REQUIRED, (2) SETS, SIGNED/SEALED. (ALSO PROVIDE A PDF COPY EMAILED TO: GENERALINSPECTION@FRANKLINWI.GOV . SUBMIT STATE APPROVED PLANS WHEN REQUIRED.</b> (except for direct replacement same size w/o additional ductwork)			\$ 100.00
<b>MINIMUM PERMIT FEE \$60.00</b>			\$
<b>TECHNOLOGY FEE (MUST BE PAID ON ALL PERMITS)</b> IF TOTAL FEE IS UNDER \$100.00 ADD \$4.00 IF TOTAL FEE IS \$100 OR MORE ADD \$7.00 <b>(TOTAL FEE DOES NOT INCLUDE THE PLAN REVIEW FEE)</b>			\$ 4.00 OR \$ 7.00
<b>HVAC PERMIT TOTAL FEE:</b>			<b>\$</b>

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE

\_\_\_\_\_  
DATE

FAILURE TO OBTAIN PERMIT PRIOR TO STARTING WORK - - FIRST OFFENSE, TRIPLE FEES, SUBSEQUENT OFFENSES, QUADRUPLE FEES  
 CALL (414) 425-0084 FOR ALL INSPECTIONS! 24 HOURS NOTICE REQUIRED! ELECTRICAL PERMIT AND FINAL INSPECTION ARE REQUIRED FOR ALL HVAC  
 EQUIPMENT REPLACEMENT.