$\widehat{}$	CITY OF OAK CREEK				Permit No.	
8040 S. 6th STREET • OAK CREEK, WI 53154						
				Parcel No.		
OAKCREEK 						
Project Address:						
Owner's/Occupant's Name Owner's / Occupant's Email			mail	Phone		
					()	
Owner's Mailing Address, City, State & Zip (if different from Project Address)						
Contractor's Company Na	me	Contractor's Em	Contractor's Email		Phone ()	
Contractor's Mailing Address, City, State & Zip				Fax ()		
New Construction Existing Building ESTIMATED COST (REQUIRED) \$						
EQUIPMENT TYPE PERMIT FEES						
HEATING UNITS	HEATING EQUIPMENT: \$60.00 PER UNIT UP TO 150,000 BTU (INPUT) \$15.00 EACH ADD'L 50,000 BTU					
AIR CONDITIONERS	AIR CONDITIONING AND COOLING EQUIPMENT: \$60.00 PER UNIT UP TO 3 TONS \$10.00 EACH ADD'L TON					
WALL TYPE UNITS EXHAUST SYSTEMS	(12,000 BTU)					
WOOD BURNING	WALL TYPE UNITS: \$60.00 EACH					
EQUIP	EXHAUST FANS 1,000 cfm or greater: \$150.00 each					
POOL HEATERS	ALL OTHER EQUIPMENT: \$60.00 UNLESS NOTED.					
INCINERATORS	PLANS APPROVED BY THE STATE OF WISCONSIN: \$250					
GARAGE HEATERS EQUIPMENT TYPE MANUFACTURER, MODEL, EQUIPMENT SIZE (INPUT (BTU/TONS)) # OF UNITS FEE						
EQUIPMENT TYPE	MANUFACTU	KER, MODEL, EQUIP	MENT SIZE (INPUT (BTU/TONS))	# OF UNITS	FEE	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
DUCTWORK & DIST.		EATED SPACE @ \$2 E NEXT WHOLE DOL		Q FT 50.00 minimum)	\$	
COMM. EXHAUST HOODS	NUMBER OF EXHAUST HOODS@ \$ PER EXHAUST HOOD \$					
PLAN REVIEW	PLANS APPROVED BY STATE OF WISCONSIN: \$250				\$	
	Non-state approved plans require submittal of Oak Creek form OCSBD-118.					
	SUBTOTAL <mark>(\$60.00 minimum)</mark>				\$	
TOTAL					\$	
SIGNATURE OF APPLICANT						
	MINIMUM 24-H		QUIRED FOR ALL INSPECTION REQUE	STS.		
	SCHEDULING WI	ILL BE BASED ON C	RDER RECEIVED AND STAFF AVAILA	BILLIT.		

FINAL INSPECTION IS REQUIRED FOR ALL HVAC EQUIPMENT REPLACEMENTS. ELECTRICAL PERMIT IS REQUIRED FOR ALL NEW AND REPLACEMENT HVAC EQUIPMENT.