



Village of Genoa City office use:	
Date: _____	Initial: _____
Check: _____	Cash: _____

<b>Village of Genoa City</b> 755 Fellows Rd/PO Box 428 Genoa City, WI 53128 262-279-6472 262-279-6618 Fax	<b>HEATING AND/OR          AIR CONDITONING PERMIT          APPLICATION</b>	Permit No.
		Parcel Tax Key #

**\*\*All highlighted areas must be filled in**

Owner's Name:	Mailing Address:	Tel #
Heating and/or Air Conditioning Firm:	License/Cert #	Tel #

Lot #	Block #	Premises to be occupied as:
-------	---------	-----------------------------

Type of Project: (Please Check)	Estimated Cost of Project:
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repairs <input type="checkbox"/> Alterations	

Brief Description of Work:

Materials and Equipment to be used:

The undersigned hereby applies for a permit to do work herein described and located as shown on this application. The undersigned agrees that all the work will be done in accordance with the zoning ordinance and all other ordinances of the Village of Genoa City and with all laws of the State of Wisconsin, applicable to said premises. **No refunds issued after work has begun.**  
*By applying for this permit, you are authorizing Village personel to inspect this property within the scope of their duties.*

Applicant Signature:	Date:
----------------------	-------

New Building	\$40.00 Base Fee plus \$.05 per sq. ft.	\$
Remodel/Replacement	\$40.00 Minimum	\$
Commercial Level 2 Alteration	New Building Rate	\$
Commercial Level 3 Alteration	New Building Rate	\$
Additional Fees (explain)		\$
Total Fees Due (Minimum fee \$40.00)		\$

Approved by Building Inspector:	Date:
------------------------------------	-------

*All work must comply with the provisions of the National and State Code.*