



**CITY OF OAK CREEK**  
 8040 S. 6<sup>th</sup> STREET • OAK CREEK, WI 53154  
 PHONE (414) 766-7000

**COMMERCIAL, INSTITUTIONAL, MANUFACTURING, MULTI-FAMILY  
 HVAC PERMIT APPLICATION**

Permit No.
Parcel No.

**Project Address:**

Owner's/Occupant's Name	Owner's / Occupant's Email	Phone ( )
Owner's Mailing Address, City, State & Zip (if different from Project Address)		
Contractor's Company Name	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	<b>HEATING EQUIPMENT:</b> \$50.00 PER UNIT UP TO 150,000 BTU (INPUT) \$5.00 EACH ADD'L 50,000 BTU <b>AIR CONDITIONING AND COOLING EQUIPMENT:</b> \$50.00 PER UNIT UP TO 3 TONS \$5.00 EACH ADD'L TON (12,000 BTU) <b>WALL TYPE UNITS:</b> \$15.00 EACH <b>EXHAUST FANS</b> 1,000 cfm or greater: \$25.00 each <b>ALL OTHER EQUIPMENT:</b> \$50.00 UNLESS NOTED. <b>MINIMUM FEE:</b> \$50.00 <b>PLANS APPROVED BY THE STATE OF WISCONSIN:\$200</b>
AIR CONDITIONERS	
WALL TYPE UNITS	
EXHAUST SYSTEMS	
WOOD BURNING EQUIP	
POOL HEATERS	
INCINERATORS	
GARAGE HEATERS	

EQUIPMENT TYPE	MANUFACTURER, MODEL, EQUIPMENT SIZE (INPUT (BTU/TONS))	# OF UNITS	FEE
			\$
			\$
			\$
			\$
			\$
			\$
DUCTWORK & DIST.	TOTAL SQ FT OF HEATED SPACE @ \$1.50 PER 100 SQ FT: _____ SQ FT (ROUND UP TO THE NEXT WHOLE DOLLAR). \$25.00 MINIMUM FEE		\$
COMM. EXHAUST HOODS	NUMBER OF EXHAUST HOODS _____ @ \$ _____ PER EXHAUST HOOD		\$
PLAN REVIEW	PLANS APPROVED BY STATE OF WISCONSIN-\$200		\$
	Non-state approved plans require submittal of Oak Creek form OCSBD-118.		
		SUBTOTAL	\$
		<b>Administrative Fee</b>	<b>\$5.00</b>
		<b>TOTAL</b>	<b>\$</b>

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

**24-HOUR NOTICE FOR ALL INSPECTIONS**  
**FINAL INSPECTION IS REQUIRED FOR ALL HVAC EQUIPMENT REPLACEMENTS**  
**ELECTRICAL PERMIT IS REQUIRED FOR ALL NEW AND REPLACEMENT HVAC EQUIPMENT**