PARCEL # _____ **PERMIT #** _____

Town of Vinland

MECHANICAL APPLICATION & PERMIT

Owner(s) _____ Phone _____

Project Address _____ City, ST, Zip _____

Contractor _____ Phone _____

Contractor License # _____

Contractor's Address _____ City, ST, Zip _____

Type of Occupancy _____ Square Footage of Project _____

Project Description _____ Project Cost _____

ELECTRIC

New Service _____ amps

Service change from _____ amps to _____ amps

Service Type (circle): Overhead Underground

Phases _____ Voltage _____ Meters _____

RESIDENTIAL: New/Additions/Remodels/Accessory Bldgs $ 45 base + ($ 0.03 x _____ Sq Ft) = $_____

COMMERCIAL: New/Additions/Remodels $ 45 base + ($ 0.03 x _____ Sq Ft) = $_____

SERVICE CHANGE: $ 50

HVAC

HVAC EQUIPMENT

- ◯ Forced Air Furnace
- ◯ Radiant Baseboard or Panel
- ◯ Heat Pump
- ◯ Steam Boiler
- ◯ Hot Water Boiler
- ◯ Central Air Conditioning
- ◯ Other

ENERGY SOURCE

- ◯ Natural Gas
- ◯ L.P.
- ◯ Oil
- ◯ Electric
- ◯ Wood
- ◯ Coal
- ◯ Solar

RESIDENTIAL: New/Additions/Remodels $ 45 base + ($ 0.03 x _____ Sq Ft) = $_____

COMMERCIAL: New/Additions/Remodels $ 45 base + ($ 0.03 x _____ Sq Ft) = $_____

PLUMBING

RESIDENTIAL: New/Additions/Remodels $ 45 base + ($ 0.03 x _____ Sq Ft) = $_____

COMMERCIAL: New/Additions/Remodels $ 45 base + ($ 0.03 x _____ Sq Ft) = $_____

LATERALS: (sizes)	SANITARY	WATER
From Main to Property Line	_____	_____
From Property Line to Building	_____	_____

Applicant Signature _____ Date _____

BUILDING INSPECTOR: Tom Spierowski
Office (920) 836-2007 Mobile (920) 428-3361
Email buildinginspector@townofclayton.net

PAYABLE TO: Town of Vinland
8348 CTH T
Larsen, WI 54947

Building Inspector Signature _____ Date _____