

**TOWN OF CLAYTON
APPLICATION FOR HEATING PERMIT**

DATE _____ OWNER _____

PROJECT ADDRESS _____

HVAC CONTRACTOR _____

APPLICANT SIGNATURE _____

PHONE _____ LIC # _____

EST. COST \$ _____ PERMIT FEE \$ _____

SQ. FT. _____

JOB DESCRIPTION _____

SIZE AND NAME OF EQUIPMENT INTALLED _____

Fee Schedule: New Residential/
Addition or Remodel = **\$65 per unit (+.03 sq ft)**

Commercial New/
Addition or Remodel = **\$65 base fee (+.03 sq ft)**

Checks should be made out and mailed to the; **Town Of Clayton
8348 County Rd T
Larsen WI 54947**

This application is not a permit. A heating permit will be issued upon receipt of fee and approval by the inspector. Permits must be obtained before work is started and requests for inspections must be given at least 24 hours in advance.

Tom Spierowski
Building Inspector
Town Of Clayton
920-428-3361
920-836-2007