

PARCEL # \_\_\_\_\_

PERMIT # \_\_\_\_\_

Town of Winchester  
**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 \_\_\_\_\_

<b>ELECTRIC</b>	New Service _____ amps	
	Service change from _____ amps to _____ amps	
	Service Type (circle):                      Overhead                      Underground	
	Phases _____ Voltage _____ Meters _____	
	<b>RESIDENTIAL:</b> New/Additions/Remodels/Accessory Bldgs \$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____	
	<b>COMMERCIAL:</b> New/Additions/Remodels \$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____	
<b>SERVICE CHANGE:</b> \$ 130		

<b>HVAC</b>	<b>HVAC EQUIPMENT</b>		<b>ENERGY SOURCE</b>		
	<input type="radio"/> Forced Air Furnace		<input type="radio"/> Natural Gas		
	<input type="radio"/> Radiant Baseboard or Panel		<input type="radio"/> L.P.		
	<input type="radio"/> Heat Pump		<input type="radio"/> Oil		
	<input type="radio"/> Steam Boiler		<input type="radio"/> Electric		
	<input type="radio"/> Hot Water Boiler		<input type="radio"/> Wood		
<input type="radio"/> Central Air Conditioning		<input type="radio"/> Coal			
<input type="radio"/> Other		<input type="radio"/> Solar			
<input type="radio"/> Conversion from _____		<input type="radio"/> New System		<input type="radio"/> Replacement Unit	
<b>RESIDENTIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____			
<b>COMMERCIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____			

<b>PLUMBING</b>	<b>RESIDENTIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____			
	<b>COMMERCIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____			
	<b>LATERALS: (sizes)</b>		<b>SANITARY</b>		<b>WATER</b>	
	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](mailto:buildinginspector@townofclayton.net)

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

Building Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_