



City of **New Berlin**

Department of Community Development - Inspection Services
3805 S. Casper Drive, New Berlin, WI 53151
Phone: 262-797-2445 / Fax: 262-780-4612
www.newberlin.org/dcd

Miscellaneous Permit Form

Permit # _____

- Commercial Occupancy \$205/unit
- DILHR \$240 Min.
- Tool Shed - 144 sq.ft. or less \$50
- *Air Conditioning – Central \$50/unit plus
\$17.00/ton over 3 tons
- Make: _____ (plus \$1.90/100 sq.ft. of
conditioned area for new construction / alteration)
- Size: _____ Minimum - \$50
- Hot Tubs & Spas \$11.75/\$1,000 valuation, \$50 Min.
- *Heating & Wood Burning Units \$50/unit plus
\$17.00/50,000 over 150,000
- Make: _____ (plus \$1.90/100 sq.ft. of
conditioned area for new construction / alteration)
- Size: _____ Minimum - \$50
- Special Inspection \$165
- *Swimming Pools \$11.75/\$1,000 valuation
Minimum - \$100
- Wrecking \$0.10/sq.ft.
Minimum \$80 / Maximum - \$800
- Other

* Additional electrical permit required for air conditioning, heating, swimming pools, spas and hot tubs.

Plot plan required for the location of swimming pools, tool sheds, air conditioner compressor units, spas and hot tubs outside of buildings.

Inspector's Comments

Plat Plan

Date: _____

Address: _____

Owner: _____

Phone: _____

Contractor: _____

Contractor License #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Estimated Cost of Job: _____

Electrical Permit must be obtained simultaneously with Miscellaneous Permits requiring electrical work.

Fees	
Technology Fee (Required):	<u>\$3.00</u>
Item(s) Fee:	_____
Total Fee:	_____
Double fees charged for starting work before a permit is issued.	

It is hereby agreed by and between the undersigned contractor, it's agents or servants and the City of New Berlin that for and in consideration of the premises and of the permit for the above described work, that the work thereon will be done in accordance with the description herein set forth and in compliance with the City of New Berlin Building and Zoning Code, the Statutes of the State of Wisconsin and the rules and regulations issued by the Industrial Commission of the State of Wisconsin and with all lawful orders of the Building Inspector of the City of New Berlin.

Remarks: _____

Permit application must be filled out completely and signed.

Final Inspection Required (All Permits)

Date: _____

Name of Contractor: _____

Inspector: _____

Signature of Owner/Agent: _____

Above named person shall call 262-797-2445 for final inspection