City of New Berlin

Miscellaneous Permit Form

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): $3.00
Item(s) Fee: _____________________________
Total Fee: _____________________________
Double fees charged for starting work before a permit is issued.

Make: _____________________________
Size: ______________________________
Minimum $53

Hot Tubs & Spas $18.00/unit
12.50/valuation, $55 Min.

Air Conditioning $53/unit plus
$18.00/ton over 3 tons
(plus $2.00/100 sq.ft. of conditioned area for new construction / alteration)

Make: _____________________________
Size: ______________________________
Minimum - $53

Special Inspection $175

Swimming Pools $12.50/valuation
Minimum - $100

Wrecking $0.12/sq.ft.
Minimum $85 / Maximum - $850

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

It is hereby agreed by and between the undersigned contractor, its 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:

______________________
Name of Contractor:

______________________
Signature of Owner/Agent:

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

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