



HVAC PERMIT APPLICATION

PLEASE PRINT

Submit to:
 Email: info@howardsgrovewi.gov
 Mail: Village of Howards Grove
 913 S Wisconsin Dr.
 Howards Grove, WI
 53083

DATE _____

PROJECT ADDRESS _____

OWNER _____ PHONE _____

OWNER MAILING ADDRESS _____

BUILDING USE: 1-FAMILY 2-FAMILY MULTI-FAMILY COMMERCIAL ACCESSORY

DESCRIPTION: NEW ADDITION ALTERATION SERVICE CODE CORRECT

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____

HVAC CONTRACTOR REGISTRATION # _____ EXPIRATION DATE _____

PROJECT COST \$ _____

PROJECT DESCRIPTION _____

NUMBER	TYPE OF WORK	BTUs	MAKE/MODEL
	Boiler(s)		
	Furnace(s)		
	Unit Heater(s)		
	Roof Top Unit(s)		
	Air Conditioner(s)		
	Fireplace(s)		Direct Vent..... <input type="checkbox"/> Y <input type="checkbox"/> N Zero Clearance <input type="checkbox"/> Y <input type="checkbox"/> N
	Distribution System		Area to be heated and/or cooled = _____ sq ft Project cost for distribution system only = \$ _____

Other: _____

<p><u>(1) HVAC Permit Fees.</u> Permit fee will be provided after review and approval of the application.</p> <p><u>(2) Delinquent Permits.</u> Failure to obtain a HVAC permit prior to the start of a project results in double the regular permit fee as listed in (1).</p>	<p><u>(3) Inspections.</u> Minimum of 2 business days' notice must be given to arrange for inspection. No plumbing may be covered prior to the expiration of the 2 business-day notice period.</p> <p><u>(4)</u> The work done under authority of this permit must be reported within 48 hours after completion. Call Building Inspector Jack VanDerWeele at (920) 946 - 7844.</p> <p><u>(5) Location:</u> Rear and interior side yards only.</p>
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I certify the information on this application is complete and accurate. I agree to comply with all applicable codes of the Village of Howards Grove and the State of Wisconsin and with any conditions attached to this application and permit. I understand that issuance of this permit creates no legal liability, express or implied, of the Department, Village, Agency or Inspector.

Name (print) _____ Signature _____
 (HVAC Contractor or Owner)

For office use only

TOTAL PERMIT FEES: \$ _____ Verify Zoning District _____

Base _____ Building _____ Electrical _____

Amount Paid: \$ Receipt #: By: Date: