

Municipality _____
Bobbie Krozell – Building Inspector
 N3082 Grass Lk. Rd., Clintonville, WI 54929
 (715) 823-9140 Fax (715) 823-9110

Permit No. _____
 Parcel No. _____
 Check No. _____
 Permit Fee _____
 Date _____

HEATING – VENTILATING – AIR CONDITIONING PERMIT

TO THE HVAC INSPECTOR:

I hereby agree, with the issuance of this permit, to do only the work specified herein and to faithfully comply with the laws and regulations of the State of Wisconsin and the ordinances of the municipality.

Name of Owner	Project Address and Phone
TYPE OF BUILDING	TYPE & QUANTITY OF INSTALLATION
<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Air Conditioning ___ <input type="checkbox"/> Oil Boilers ___ <input type="checkbox"/> Air Handlers ___ <input type="checkbox"/> Rooftop ___ <input type="checkbox"/> Gas Boilers ___ <input type="checkbox"/> Unit Heaters ___ <input type="checkbox"/> Gas Furnace ___ <input type="checkbox"/> Oil Furnace ___ <input type="checkbox"/> Other (specify): _____

Square footage for new one & two family: _____ (all floors and basement) garage separate—see fee schedule

State Approved Plan Required: Yes No Air Conditioning Electrician _____

TOTAL B.T.U.	
Heating _____ (List in B.T.U.'s)	Air Conditioning _____ (List in B.T.U.'s)

Send fees and all copies to the HVAC Inspector. The receipt and your copy will be returned upon approval. Submit approved plans when required.

Name of License Holder (Print)	Estimated Cost
Signature of Applicant	State HVAC Certification No.
HVAC Contractor	Daytime Telephone Number
Contractor Mailing Address	HVAC Inspector
City	State ZIP

All inspections must be called in at time of installation
(715) 823-9140 or (715) 853-3166

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE