

TOWN OF CHASE HEATING – VENTILATING AIR CONDITIONING – PERMIT

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

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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