



# Town of Sheboygan

1512 N. 40<sup>th</sup> St  
Sheboygan, WI 53081  
Phone (920) 451-2320  
Fax (920) 451-2323

## **HEATING, VENTILATION, AND AIR CONDITIONING APPLICATION**

**Residential Only**

DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

The undersigned hereby applies for a permit to install heating, ventilating or air conditioning equipment as hereinafter described.

1. Location of installation \_\_\_\_\_

2. Owner \_\_\_\_\_ Address \_\_\_\_\_

3. Contractor \_\_\_\_\_ Phone No. \_\_\_\_\_

4. Type of Building: \_\_\_\_\_ One or Two Family Residence

\_\_\_\_\_ New Boiler \$35.00 \_\_\_\_\_ Fireplace or Wood burner \$35.00

\_\_\_\_\_ New Furnace \$35.00 \_\_\_\_\_ Unit Heater(s) Per Unit \$35.00

\_\_\_\_\_ Air Conditioning \$35.00 \_\_\_\_\_ Roof Top Unit(s) Per Unit \$35.00

\_\_\_\_\_ Ventilation \_\_\_\_\_ Additional to Existing System

Charge Per Inspection \$35.00

Administration Fee \$75.00

Each Additional Inspection @ \$35.00 each \_\_\_\_\_

**TOTAL FEE** \_\_\_\_\_

5. Description of Work \_\_\_\_\_

6. Type of Fuel \_\_\_\_\_

7. Calculated BTU Heat Loss \_\_\_\_\_

8. Size of Unit (BTU Rating) Input \_\_\_\_\_ Output \_\_\_\_\_

9. Estimated Cost \_\_\_\_\_

10. Scheduled Start Date \_\_\_\_\_

The undersign hereby applies for a permit to do the work above described and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to install in strict compliance with the heating and ventilating or ordinances of the Town of Sheboygan and the State Heating and Ventilating code of Wisconsin and to obey any and all lawful orders of the inspection of heating and ventilating.

**SIGNED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**This permit expires twelve (12) months from date of issuance.**