



Town of Sheboygan, WI  
 4020 Technology Parkway  
 Sheboygan, WI 53081  
 Phone: 920.451.2320

For inspections call 262.420.4732 or  
 email: WIinspections@safebuilt.com  
 Call or email by 4 pm for next day  
 inspection

HVAC Permit Application \_\_\_\_\_ Residential \_\_\_\_\_ Commercial Permit #: \_\_\_\_\_

\_\_\_\_\_ New Boiler \_\_\_\_\_ New Furnace \_\_\_\_\_ Replacement of Equipment \_\_\_\_\_ Addition to Existing System \_\_\_\_\_ Ventilation

**Heating Units**

Unit 1) \_\_\_\_\_ BTUS

Unit 2) \_\_\_\_\_ BTUS

Unit 3) \_\_\_\_\_ BTUS

Cost of Job \$ \_\_\_\_\_

**Air Conditioning Units**

Unit 1) \_\_\_\_\_ Tons/BTUS

Unit 2) \_\_\_\_\_ Tons/BTUS

Unit 3) \_\_\_\_\_ Tons/BTUS

Cost of Job \$ \_\_\_\_\_

**Commercial/Industrial**

**Exhaust Hoods/Systems**

No. of Units \_\_\_\_\_

Cost of Job \$ \_\_\_\_\_

TOTAL FROM COLUMN A, B AND C: \$ \_\_\_\_\_

PERMIT FEE-\$15.00 PER THOUSAND \$ \_\_\_\_\_

COMMERCIAL ADMINISTRATIVE FEE (\$500) \_\_\_\_\_

RESIDENTIAL ADMINISTRATIVE (\$75.00) \_\_\_\_\_

**(RESIDENTIAL REPLACEMENT ONLY IS \$75.00)** TOTAL PERMIT FEES \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACTOR INFORMATION**

NAME:	
ADDRESS:	
CITY:	
STATE:	ZIP:
PHONE:	FAX:
LICENSE NUMBER AND EXPRATION DATE:	

**OWNER INFORMATION**

NAME:	
ADDRESS:	
CITY:	
STATE:	ZIP:
PHONE:	

**INSTALLATION LOCATION IF DIFFERENT THAN ABOVE**

NAME:	ADDRESS:
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_