

**APPLICATION FOR PERMIT OR REGISTRATION
HEATING, VENTILATION, AIR CONDITIONING**

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

1. Location of Installation _____

2. Owner _____ Address _____

3. Contractor _____ Telephone No. _____

Address _____

4. HVAC Qualifier Cert. # _____ HVAC Contractor Cert. # _____

5. Permit _____ Commercial - ILHR Plan Approval _____ Date _____

6. Registration _____ One or Two Family Residence _____

7. Type of Installation:

- | | |
|---|--|
| <input type="checkbox"/> New Boiler | <input type="checkbox"/> Replacement of Equipment |
| <input type="checkbox"/> New Furnace | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Unit Heater (s) | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Roof Top Unit(s) | <input type="checkbox"/> Addition to Existing system |
| <input type="checkbox"/> Other | |

8. Description of Work: _____

9. Type of Fuel _____ 10 Calculated BTU Heat Loss _____

11. Size of Unit (BTU Rating) Input _____ Output _____

12. Estimated Cost of Job \$ _____ Fees \$ _____ Escrow \$ _____

13. Scheduled Start Date _____ Penalty Fees \$ _____

The undersigned hereby applies for a permit/registration to do the work above described and hereby agrees to comply with the City of Sheboygan Municipal Ordinance and with the descriptions herein set forth in this statement, and to obey any and all lawful orders of the City of Sheboygan Heating Inspector and his designee; understands that the issuance of the permit creates no legal liability, express or implied, on the Building Inspection Department and any agent or employee thereof; and certifies that all the above information is accurate.

PLEASE TAKE NOTE: APPLICANT MUST CALL FOR ALL REQUIRED INSPECTIONS.

Name _____

Address _____
