



BUILDING INSPECTION DEPARTMENT
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
Fax: (920) 459-0210
buildinginspection@sheboyganwi.gov

HEATING, VENTILATION, AND AIR CONDITIONING PERMIT / REGISTRATION APPLICATION

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

Application Date: _____

1. Address of Installation: _____
2. Building Type: Commercial: _____ Residential: _____
3. Description of Work: _____

4. Estimated Cost of Job \$ _____ Scheduled Start Date: _____
5. Permit: _____ Residential Registration: _____ Electrical Contractor: _____
6. Type of Installation:
- | | |
|---|--|
| _____ New | _____ Replacement of Equipment |
| _____ Boiler | _____ Air Conditioning |
| _____ Furnace | _____ Ventilation |
| _____ Unit Heater (s) _____ # of units | _____ Addition to Existing system/ductwork |
| _____ Roof Top Unit(s) _____ # of units | |

Other: _____

7. Type of Fuel: _____ Calculated BTU Heat Loss: _____
- Size of Unit (BTU Rating): Input: _____ Output: _____
8. Owner: _____ Telephone No.: _____
- Address: _____ City: _____
9. Contractor: _____ Telephone No.: _____
- Address: _____ City: _____

PLEASE TAKE NOTE: APPLICANT MUST CALL FOR ALL REQUIRED INSPECTIONS. Failure to do so will result in a penalty fee of \$50 plus may delay any future transactions with the City of Sheboygan. Make checks payable to City of Sheboygan.

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.

Signature: _____

Printed Name: _____

E-mail: _____ Phone: _____

Address: _____

City, ST Zip: _____