

H.V.A.C. Permit Application

Town of Lyndon, Sheboygan County
W6081 CTH N, Plymouth, WI 53073
p - 920-528-7255

\$75 per unit
\$75 Re Inspection

Permit # _____
Amount Pd \$ _____
Check # _____

You must first contact Permit Agent Al Steiner, prior to applying. 920-838-3249

All permits require inspections. See inspector's info below.

Complete **ALL** sections, sign and deliver application with supporting documents to Permit Agent Al Steiner, W6081 CTH N, Plymouth 53073. Make checks payable to "Town of Lyndon".

Date	
Applicant Name	
Phone	
Project Address	
City	
Zip	
Project Cost	Parcel Number
59010- _____	
Mailing address (for approved permit)	

Brief description of project: _____

Type of building or structure:	Contractor:
<input type="checkbox"/> Residential	Contractor Phone: _____
<input type="checkbox"/> Commercial	Certificate #:
<input type="checkbox"/> Industrial	

Type of Fuel: _____

Calculated BTU heat loss: _____

BTU Rating: Input: _____ Output: _____

HVAC INSPECTOR
Dan Goodine
920-254-6888

FIXTURES	NUMBER
Boiler	
Furnace	
Unit Heater(s)	
Rooftop Unit(s)	
Addition to Existing	
Fireplace or woodburner	
Replacement of Equipment	
Air Conditioning	
Ventilation	
Other:	

The undersigned certifies that all of the above information is correct, and applies for a permit to do the work above described and hereby agrees that such work will be done in accordance with the descriptions set forth herein; and it is further agreed that such work will be done in strict compliance with the State Heating and Ventilating Code of Wisconsin; and the undersigned agrees to obey any and all lawful orders of the HVAC Inspector of the Town of Lyndon.

Applicant, Contractor or Agent

Date

FOR OFFICE USE ONLY
PERMIT AGENT APPROVAL (if necessary) SIGNATURE & DATE: _____
PERMIT ISSUANCE SIGNATURE & DATE: _____
PERMIT SENT TO INSP & APPLICANT SIGNATURE INITIALS & DATE: _____