

# H.V.A.C Permit Application

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

**\$50 per unit**

Permit # \_\_\_\_\_  
Amount Pd \$ \_\_\_\_\_  
Check # \_\_\_\_\_

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

**All HVAC permits now require inspection! See inspector info below.**

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

DATE	
Owner's Name	Owner's Phone
Project Address	
City	Zip
Project Cost	Parcel # 59010-
Contractor	Contractor Phone
Contractor Address, City, State, Zip	Contractor Certificate #

Type of Building or Structure:

- |                          |             |
|--------------------------|-------------|
| <input type="checkbox"/> | Residential |
| <input type="checkbox"/> | Commercial  |
| <input type="checkbox"/> | Industrial  |

Type of Installation:

- |                          |                      |                          |                          |
|--------------------------|----------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Boiler               | <input type="checkbox"/> | Fireplace or woodburner  |
| <input type="checkbox"/> | Furnace              | <input type="checkbox"/> | Replacement of Equipment |
| <input type="checkbox"/> | Unit Heater(s)       | <input type="checkbox"/> | Air Conditioning         |
| <input type="checkbox"/> | Rooftop Unit(s)      | <input type="checkbox"/> | Ventilation              |
| <input type="checkbox"/> | Addition to Existing | <input type="checkbox"/> | Other: _____             |

Type of fuel: \_\_\_\_\_

Calculated BTU heat loss: \_\_\_\_\_

BTU Rating: Input \_\_\_\_\_ Output \_\_\_\_\_

Comments: \_\_\_\_\_

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.

**BUILDING INSPECTOR**

Call: Jeff Thoma for inspection  
phone - 262-423-7730

\_\_\_\_\_  
Contractor or Agent

\_\_\_\_\_  
Date