## **H.V.A.C Permit Application**

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

DATE

New Homes Incl. in Bldg Permit Fee

\$75 per unit

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

\$75 Re Inspection

## 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.

| Owner's Name  |   | Owner's Phone            |
|---|---|--------------------------|
| Project Address   |   |                          |
| City  |   | Zip                      |
| Project Cost  | Parcel # 59010  | -<br>-                   |
| Mailing address (for approved permit)   |   |                          |
| Contractor  |   | Contractor Phone         |
| Contractor Address, City, State, Zip  |   | Contractor Certificate # |
| Type of Building or Structure:<br>Type of Installation:<br>Boiler<br>Furnace<br>Unit Heater(s)<br>Rooftop Unit(s)<br>Addition to Existing | Residential<br>Commercial<br>Industrial<br>Fireplace or w<br>Replacement of<br>Air Conditionin<br>Ventilation<br>Other: | of Equipment             |
| 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 descirptions 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: Dan Goodine for inspection phone - (920) 254-6888