


CITY OF DE PERE 335 S. Broadway De Pere, WI 54115 Phone: (920) 339-4053 Fax: (920) 330-9491	<h1 style="margin: 0;">HVAC PERMIT</h1> 	Building Inspection Department Permit Application Permit # _____ Fee: \$ _____
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PROJECT LOCATION		GENERAL INFORMATION			
Building Address:		Manufacturer: _____ Model No.: _____ BTU Input _____ No. of Units _____			
Lot No.	Parcel No.				
HVAC CONTRACTOR					
Name		Sealed Combustion Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No SPS Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No SPS Plan Approval No: _____			
Mailing Address:					
Phone:	Certification #:				
OWNER/BUILDER		AREA (Square Footage)			
Name		Basement	Building/Living	Garage/Acc.	TOTAL
Mailing Address:					
		ESTIMATED COST		PERMIT FEE	
Phone:		\$		\$	
OCCUPANCY		APPLICANT'S STATEMENT			
<input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Public/Govt. <input type="checkbox"/> Two Family <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse <input type="checkbox"/> Multi-Family (No. of Units: _____) <input type="checkbox"/> Educational <input type="checkbox"/> Other _____		I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinances of the City of De Pere, Wisconsin. I further understand that the issuance of this permit creates no legal liability, express or implied, on the City of De Pere, Wisconsin. Signature: _____ Date: _____ WI License #: _____			
NATURE OF WORK					
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Combination (Addition & Alteration) <input type="checkbox"/> Other _____					
TYPE OF SYSTEM		CONDITIONS OF APPROVAL			
<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Fireplace <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hydronic (Boiler) <input type="checkbox"/> Space Htr. <input type="checkbox"/> Electric Heat <input type="checkbox"/> Wood Burner <input type="checkbox"/> Radiant <input type="checkbox"/> Geo Thermal <input type="checkbox"/> Infrared Heaters <input type="checkbox"/> Solar Panel <input type="checkbox"/> Other _____		_____ _____ _____ _____ _____			
TYPE OF FUEL		PERMIT			
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> L. P. Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Solar <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Other _____		Upon signature of an authorized member of the Building Inspection Department, this will become a permit to conduct the described work in accordance with all existing laws, ordinances and regulations. Inspector: _____ Certification No. _____ Date: _____			
FEES					
Replacement - \$30.00 per unit	\$ _____				
Warehouse - \$100.00 per unit	\$ _____				
Minimum Fee - \$30.00	\$ _____				
TOTAL PERMIT FEES	\$ _____				