

City of De Pere

335 S. Broadway
De Pere, WI 54115
(920) 339-4053
dpbldg@deperewi.gov



HVAC PERMIT

Application and Record

Permit #: _____
Fee: _____
Receipt #: _____
Date: _____

PROJECT LOCATION				HVAC CONTRACTOR			
Owner's Name: _____				Company Name: _____			
Address: _____				Address: _____			
Phone #: _____				Phone #: _____			
Lot #: _____		Parcel #: _____		E-mail: _____			
OCCUPANCY				NATURE OF WORK			
<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"/> Other: _____				<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				GENERAL INFORMATION			
<input type="checkbox"/> Forced Air <input type="checkbox"/> Fireplace <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hydronic-Boiler <input type="checkbox"/> Space Heater <input type="checkbox"/> Electric Heat <input type="checkbox"/> RTU/MUA <input type="checkbox"/> Radiant <input type="checkbox"/> Geothermal <input type="checkbox"/> Infrared <input type="checkbox"/> Garage Heater <input type="checkbox"/> VAV Unit Heaters <input type="checkbox"/> Spray Booth <input type="checkbox"/> AH Unit <input type="checkbox"/> Kitchen Hood <input type="checkbox"/> Other _____				Manufacturer: _____ Model #: _____ BTU Input: _____ # Of Units: _____ Sealed Combustion Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No Fuel Type _____ SPS Plan Approval #: _____ Installation Date: _____			
FEES				AREA (Square Footage)			
Residential	10¢/sq. ft.	Replacement	\$75/unit	Basement	Building/Living	TOTAL	
Warehouse	\$75/unit	Fireplace	\$75/unit				
Commercial	14¢/sq. ft.	Res Alteration	\$7/\$1,000				
Multi Family	14¢/sq. ft.	Comm Alteration	\$8/\$1,000				
FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT				ESTIMATED COST			
				\$		PERMIT FEE	
APPLICANT'S STATEMENT				PERMIT APPROVAL			
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: _____ License #: _____				Upon signature of an authorized member of the Building Inspection Division, this becomes a permit to conduct the above-described work in accordance with all existing laws, ordinances, and regulations. Inspector: _____ Date: _____ Certification #: _____			
CONDITIONS OF APPROVAL							
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>							