**HVAC Permit Application**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Location *(identify exact address)* | | | | | | | | Date | | Permit# | |
| Owner’s Name | | Phone Number | | Contact's Name *(When Relevant)* | | | | | | Phone Number | |
| Owner’s Address *(if different from above)* | | | | City | | | | State | | Zip Code | |
| Contractor's Name ILicense Number | | License/Cert. Number | | Contractor's Contact Name | | | | | | Phone Number | |
| Contractor's Address | | | | City | | | | State | | Zip Code | |
| It is the responsibility of the permit holder to arrange for appointment times when entry is available for the required inspections If the inspector cannot access the work site or if the work is not visible, a re-inspection fee will be charged | | | | | | | | | | | |
| **Use of Building** | **Type of Work** | | Item | | | Size | | | Fee | | Amount |
| € Residential | € New | |  | | |  | |  |  | |  |
| € Multi-Family | € Addition | |  | | |  | |  |  | |  |
| € Commercial | € Alteration/Repair | |  | | |  | |  |  | |  |
|  | | | Heating, Including Duct Work | | |  | |  |  | |  |
|  | | | Square Footage of Living Area | | |  | |  | $ .04 | |  |
|  | | |  | | |  | |  |  | |  |
|  | | | Air Conditioning | | |  | |  |  | |  |
|  | | | Square Footage of Living Area | | |  | |  | $ .04 | |  |
|  | | |  | | |  | |  |  | |  |
|  | | | Natural Gas Service Permit | | |  | |  | $ 30.00 | |  |
|  | | |  | | |  | |  |  | |  |
|  | | | Incinerator Unit/Fireplace | | |  | |  | $ 25.00 | |  |
|  | | |  | | |  | |  |  | |  |
|  | | | Heating, Radiant Heating Unit | | |  | |  | $ 20.00 | |  |
|  | | |  | | |  | |  |  | |  |
|  | | | Re-inspection Fee | | |  | |  | $ 60.00 | |  |
|  | | |  | | |  | |  |  | |  |
|  | | |  | | |  | |  |  | |  |
| **Note:** A separate electrical permit will be required using a licensed electrical. | | |  | | |  | |  |  | |  |
| **Note:** If heating or air conditioning work is commenced before the permit has been obtained, the fees shall be doubled with no exceptions. | | |  | | |  | |  |  | |  |
| I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all Village of Random Lake and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any false misinformation may result in penalties prescribed in the Village of Random Lake ordinances. | | | | | | | | | **SUB**  **TOTAL:** | | |
|  |  | | | | **Base Fee:** |  | (add to subtotal): | |  | | **$40.00** |
|  |  | | | |  |  | **Total:** | |  | |  |
| Applicant Signature | Print Name | | | |  | I | Date | |  | |  |
| Permit Paid By |  | | | | Initials |  | Date | |  | |  |