

**City of Appleton**  
 100 North Appleton Street, Appleton WI 54911  
 Phone: (920) 832-6411 Fax: (920) 832-6464

Permit No. \_\_\_\_\_  
 Key No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Permit Fee \_\_\_\_\_  
 Date \_\_\_\_\_

# HEATING – VENTILATING – AIR CONDITIONING PERMIT

*For Finance  
 Use Only:* **15520-4403**

TO THE HVAC INSPECTOR:

I hereby agree, with the issuance of this permit, to do only the work specified herein and to faithfully comply with the laws and regulations of the State of Wisconsin and the ordinances of the City of Appleton.

Name of Owner	Number, Directional, Street
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TYPE OF BUILDING	TYPE & QUANTITY OF INSTALLATION
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<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other ( <b>specify</b> ): _____	<input type="checkbox"/> Air Conditioning _____ <input type="checkbox"/> Air Handlers _____ <input type="checkbox"/> Gas Boilers _____ <input type="checkbox"/> Gas Furnace _____ <input type="checkbox"/> Other ( <b>specify</b> ): _____
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Square footage for new one & two family: \_\_\_\_\_ (all floors and basement) garage separate—see fee schedule

State Approved Plan Required:  Yes  No      Air Conditioning Electrician \_\_\_\_\_

### TOTAL B.T.U.

Heating \_\_\_\_\_ (List in B.T.U.'s)      Air Conditioning \_\_\_\_\_ (List in B.T.U.'s)

Send fees and all copies to the HVAC Inspector. The receipt and your copy will be returned upon approval. Submit approved plans when required.

Name of License Holder (Print)      City License No.	Estimated Cost
Signature of Applicant	State HVAC Certification No.
HVAC Contractor	Daytime Telephone Number
Contractor Mailing Address	HVAC Inspector
City	State      ZIP

**All inspections must be called in at time of installation**  
**(920) 832-6411**

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE