

925 15th Avenue Union Grove, WI 53182 Office - 262-878-2123 Fax - 262-878-1680	<h2 style="margin: 0;">HVAC PERMIT APPLICATION</h2> <h3 style="margin: 0;">TOWN OF YORKVILLE</h3>	Permit No. _____ Parcel No. _____
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Building Type	Use
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Building Site Address:	Suite No.
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Owner's Name:	Mailing Address	Tel. _____
		Fax# _____

Tenant's Name:	Mailing Address	Tel. _____
		Fax# _____

Contractor's Name:	Mailing Address	Tel. _____
		Fax# _____

Contractor License # _____	
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PROJECT DESCRIPTION	ESTIMATED PROJECT COST \$ _____
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PROJECT TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Multi-Family <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Utility	COMMERCIAL EXHAUST No. of Units _____	Fireplace / Solid Fuel Appliances No. of Units _____
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1. PROJECT	3. STORIES	4. USE	5. HEATING
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____	# of Stories _____ <input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	Furnaces No. of New _____ No. of Additions _____ No. of Replacement _____

2. AREA INVOLVED (Sq. ft)				6. COOLING						
AREA	UNIT 1	UNIT 2	TOTAL	A/C Units						
Unfin Basement				No. of New _____ No. of Additions _____ No. of Replacement _____						
Finished Basement				7. ENERGY SOURCE						
First Floor Living				Fuel	Nat. Gas	LP	Oil	Electric	Solid	Solar
Second Floor Living				Space Htg						
Third Floor Living				Water Htg						
Attached Garage				<input type="checkbox"/> Dwelling unit has 3 Kilowatt or more in Electric Space Heating Equipment Capacity						
Enclosed Porch				8. HEAT LOSS						
Open Porch				_____ BTU/HR Total calculated envelope and infiltration losses						
Deck				("maximum" on) allowable Heating Equipment Output on Energy Worksheet;						
Other:				Total building heating load Rescheck report						
Totals										

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an electrical or construction permit without a Dwelling Contractor Financial Responsibility Certification or electrical license and have read the cautionary statement regarding contractor responsibility. No refunds issued after work has begun.

By applying for this permit, you are authorizing Town personnel to inspect this property within the scope of their duties.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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APPROVAL CONDITIONS	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.
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***** ALL ROOFTOP AND GROUND MECHANICALS SHALL BE SCREENED FROM PUBLIC VIEW *****

PERMIT FEES:	Fees for work begun without permit	ACTIVE PERMITS	PERMIT ISSUED BY:
Permit \$ _____ Total \$ _____	<input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE Total Doubled \$ _____	Active building permit No. <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____ Municipality No. of Dwelling Location _____	Name _____ Date _____ Tel. _____ Cert No. _____
From fee calculation OR Minimum, whichever is greater.			