



HVAC PERMIT APPLICATION

Submit to:
 Fax: (920) 693-3695
 Email: dlalonde@clevelandwi.gov
 Mail: Village of Cleveland
 PO Box 87
 Cleveland WI 53015

Date _____

Project Address _____

Owner _____ Phone _____

Owner Mailing Address _____

Building Type: Residential Commercial Industrial Institutional Accessory

Contractor _____ Phone _____

Contractor Address _____

HVAC Contractor Registration # _____ Expiration Date _____

Number	Type of Work	BTUs	Make/Model
	Boiler(s)		
	Furnace(s)		
	Unit Heater(s)		
	Roof Top Unit(s)		
	Air Conditioner(s)		
	Fireplace(s)		Direct vent ___Y ___N Zero clearance ___Y ___N
	Distribution System	Area to be heated and/or cooled = _____ square feet Project cost for distribution system only = \$ _____	
Other:			
<p>(1) <u>HVAC Permit Fees.</u> The applicant will be contacted permit fee will be provided after permit approval.</p>		<p>(2) <u>Delinquent Permits.</u> Failure to obtain an HVAC permit prior to the start of a project results in double the regular permit fee as listed in (1).</p> <p>(3) <u>Inspections.</u> Minimum of 2 business days' notice must be given to arrange for inspection.</p> <p>(4) The work done under authority of this permit must be reported within 48 hours after completion. Call Building Inspector Jane Drager at (920) 687-1110.</p> <p>(5) <u>Location:</u> Rear and interior side yards only. Maintain at least 4 foot setback from interior and rear property lines.</p>	
Total Project Cost \$			

Name (print) _____ Signature _____

For office use only

Tax Parcel Number _____ Zoning District(s) _____ Date Approved/Fee _____

Amt. Pd. \$ _____ Cash _____ CK # _____ PSN Date _____ Date Permit Issued _____