



HVAC PERMIT APPLICATION

Submit to:
Fax: (920) 693-3695
Email: village@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 _____

Contractor email 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:			
(1) <u>HVAC Permit Fees</u> . The applicant will be contacted permit fee will be provided after permit approval.		(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).	
		(3) <u>Inspections</u> . Minimum of 2 business days' notice must be given to arrange for inspection.	
		(4) The work done under authority of this permit must be reported within 48 hours after completion to building inspector.	
		(5) Location: Rear and interior side yards only. Maintain at least 4 foot setback from interior and rear property lines.	
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 _____