

P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075 Phone: (920) 994-4852 • Fax: (920) 994-2390

## **HVAC Permit Application**

Job Location (identify exact address)				Date	Permit#			
Owner's Name Pi		Phone Number	one Number Contact's Name (When Relevant)		Phone Number			
Owner's Address (if different from above)			City		Zip Code			
Contractor's Name		License/Cert. Number	Contractor's Contact Name	•	Phone Number			
Contractor's Address			City	State	Zip Code	e		
			rappointment times when entry is available for the ne work is not visible, a re-inspection fee will be ch		If the			
Use of Building	Type of Work		Item	Size	Fee	Amount		
☐ Residential ☐ Multi-Family	☐ New ☐ Addition ☐ Alteration/Repa	ir						
		Heating, Includi	Heating, Including Duct Work					
		Square	Footage of Living Area		\$ .04			
		Air Conditioning	ţ					
		Square	Square Footage of Living Area		\$ .04			
		Natural Cas Carr	itaa Damata					
		Natural Gas Serv	Natural Gas Service Permit		\$ 30.00			
		Incinerator Unit/	Incinerator Unit/Fireplace		\$ 25.00			
			r		\$ 23.00			
		Heating, Radiant	Heating Unit		\$ 20.00			
		Re-inspection Fe	e		\$ 60.00			
N-4 A								
Note: A separate electrical a licensed electrical.								
<b>Note:</b> If heating or air cond before the permit has been doubled with no exceptions	obtained, the fees shall be							
I attest that the above info Village of Random Lake misinformation may result	and State of Wisconsin co	odes applicable to the occ	osed work to be performed on it. I agree to cupancy and work stated above. I understance ordinances.	comply with all I that any false	SUB TOTAL:			
Base Fee:				(add to subtotal)	:	\$40.00		
				Total:				
Applicant Signature		Print Name	Print Name			Date		
Office use only: Permit Paid By		<u> </u>	Initials	Date				