

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	Pern	Permit#	
Owners Name		Phone Number		Contact's Name (When Relevant)				Phon	Phone Number	
Owners Address (if different from above)				City			State	Zip	Zip Code	
Contractor's Name		License/Cert. Number		Contractor's Contact Name			•	Phon	Phone Number	
Contractor's Address				City		State	Zip	Code		
				appointment times when entry is work is not visible, a reinspect				If the		
Use of Building	Type of Work			Item			Size	Fee	Amount	
☐ Residential ☐ Multi-Family ☐ Commercial	☐ New ☐ Addition ☐ Alteration/Repa	air								
			Heating, Including Duct Work							
		+	Square I	Footage of Living Area				.04		
			Air Conditioning							
				Footage of Living Area				.04		
			Natural Gas Service Permit					30.00		
			Incinerator Unit/F	ïreplace				25.00		
			Heating, Radiant I	Heating Unit				20.00		
		_								
			Base Fee				40.00	40.00		
			Reinspection Fee					60.00		
		-						-		
								-		
		-								
		-								
		<u>_</u>								
Note: A separate electrical permit will be required using a licensed electrical.										
Note: If heating or air condit before the permit has been ob- doubled with no exceptions.										
I attest that the above information accurately describes the property and pr Village of Random Lake and State of Wisconsin codes applicable to the misinformation may result in penalties prescribed in the Village of Random I				cupancy and work stated above. I understand that any			ly with all t any false	with all ny false PERMIT FEE		
Applicant Signature			Print Name	Date			Date	•		
Permit Paid By				Date						