



**CITY OF WAUPACA  
DEPARTMENT OF INSPECTION  
111 S. MAIN STREET  
WAUPACA, WI 54981  
PHONE: 715-942-9908 · FAX: 715-258-4426**

**APPLICATION FOR HVAC PERMIT**

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ PARCEL NO: \_\_\_\_\_

OCCUPANCY:  1 & 2 FAMILY  COMMERCIAL  INDUSTRIAL  INSTITUTIONAL  ACCESSORY

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 <input type="checkbox"/> Yes <input type="checkbox"/> No Zero clearance <input type="checkbox"/> Yes <input type="checkbox"/> No
	Distribution System	Area to be heated and/or cooled = _____ square feet	
Other: _____			

State approved plan required?  Yes  No Project Cost: \$ \_\_\_\_\_

Transaction ID # \_\_\_\_\_ Site ID # \_\_\_\_\_

Delinquent Permits: Failure to obtain a HVAC permit prior to the start of a project results in double the regular permit fee.

Inspections: Minimum 2-business days' notice must be given to arrange for inspection.

In consideration of the issuance of the permit the applicant agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the City of Waupaca.

NAME OF CONTRACTOR/INSTALLER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HVAC CONTRACTOR'S CERTIFICATION #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HVAC CONTRACTOR/APPLICANT'S SIGNATURE: \_\_\_\_\_