

**City of Oconto Falls**  
 500 N Chestnut Street, Oconto Falls, WI 54154  
 Phone: (920) 846-4505  
 Fax: (920) 846-4516

Permit No. \_\_\_\_\_  
 Parcel No. \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Permit Fee \_\_\_\_\_  
 Date \_\_\_\_\_

**HEATING – VENTILATING –  
 AIR CONDITIONING  
 PERMIT**

TO THE HVAC INSPECTOR:

I hereby agree, with the issuance of this permit, to do only the work specified herein and to faithfully comply with the laws and regulations of the State of Wisconsin and the ordinances of the City of Oconto Falls.

<b>Name of Owner</b>	<b>Project Address &amp; Phone</b>

TYPE OF BUILDING	TYPE & QUANTITY OF INSTALLATION
<input type="checkbox"/> One Family	<input type="checkbox"/> Air Conditioning _____ <input type="checkbox"/> Oil Boilers _____
<input type="checkbox"/> Two Family	<input type="checkbox"/> Air Handlers _____ <input type="checkbox"/> Rooftop _____
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Gas Boilers _____ <input type="checkbox"/> Unit Heaters _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Gas Furnace _____ <input type="checkbox"/> Oil Furnace _____
<input type="checkbox"/> Other ( <b>specify</b> ): _____	<input type="checkbox"/> Other ( <b>specify</b> ): _____

Square footage for new one & two family: \_\_\_\_\_ (all floors and basement) garage separate—see fee schedule

State Approved Plan Required:  Yes  No Air Conditioning Electrician \_\_\_\_\_

**TOTAL B.T.U.**

Heating _____ (List in B.T.U.'s)	Air Conditioning _____ (List in B.T.U.'s)
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Send fees and all copies to the HVAC Inspector. The receipt and your copy will be returned upon approval. Submit approved plans when required.

Name of License Holder (Print) _____	<b>Estimated Cost</b> _____
Signature of Applicant _____	State HVAC Certification No. _____
HVAC Contractor _____	Daytime Telephone Number _____
Contractor Mailing Address _____	HVAC Inspector _____
City _____ State _____ ZIP _____	

**All inspections must be called in at time of installation  
 (920) 846-4515 or (715) 853-3166**

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE