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|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| Date | _____ |
| Permit # | _____ |
| Needs Approval | _____ |
| IP | _____ |
| Fee'd | _____ |

APPLICATION FOR RESIDENTIAL HVAC PERMIT*
Form #CDI126 (rev 12/15)

***For One- and Two-family**

| | |
|----------------------------------|------------------------------------|
| Project Address _____ | Lot # (for new construction) _____ |
| Property Owner _____ | Contractor _____ |
| Mailing Address _____ | Mailing Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Phone (_____) _____ | Phone (_____) _____ |
| Estimated Cost _____ | Contractor e-mail: _____ |

Description of Work _____

CHECK ONE: One-family _____ Two-family _____ CHECK ONE: New Building _____ Existing _____

Note: No air conditioning units shall be installed in front of the building.

Contractors of HVAC Projects:

Any contractor that performs HVAC work must possess the following two licenses:

1) Wisconsin HVAC Qualifier Certification number: _____
 OR City of Kenosha HVAC License number: _____

2) Wisconsin HVAC Contractor Registration number: _____

Licenses are available through the Department of Safety & Professional Services (DSPS) at dspd.wi.gov

After Approval/Processing of this Permit Application:

If you do not intend to proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Licensee's Signature _____ **Date** _____

Please Print Name _____

IT IS THE HVAC CONTRACTOR'S RESPONSIBILITY TO CALL FOR ALL INSPECTIONS

| DESCRIPTION | FEE | QUANTITY |
|---------------------------------------------------------------------|------------------------|----------|
| NEW 1&2 FAMILY HVAC | \$ 180.00 Per Dwelling | _____ |
| FURNACE UP TO 200,000 BTU | \$ 30.00 Ea. | _____ |
| FURNACE WITH A/C | \$ 42.00 Per Unit | _____ |
| VENTILATION FAN | \$ 14.00 Ea. | _____ |
| AIR COND./UP TO 5 TONS | \$ 4.80 Per Ton | _____ |
| FIREPLACE | \$ 36.00 Ea. | _____ |
| MISCELLANEOUS | \$ 14.00 Ea. | _____ |
| MINIMUM RESIDENTIAL | \$ 60.00 Ea. | _____ |
| DOUBLE PERMIT FEE IF PERMIT IS ISSUED AFTER WORK HAS STARTED | | _____ |