

<b>Town of Grand Rapids</b> 2410 48 <sup>th</sup> St. South WI Rapids, WI 54494 (715)- 424-1821		<h2 style="color: red;">HVAC Permit Application</h2>	Permit # _____  Parcel # _____
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<b>Project Type:</b>	<input type="checkbox"/> 1 or 2 Family Dwelling	<input type="checkbox"/> Residential Garage	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:
<b>Project Address:</b>			Subdivision:	Lot #:
<b>Owners Name:</b>				
<b>Owners Address:</b>			<b>Home Phone #:</b>	
			<b>Cell Phone #:</b>	
<b>Contractors Name:</b>			<b>License #:</b>	
<b>Contractors Address:</b>			<b>Business Phone #:</b>	
			<b>Cell Phone #:</b>	

### Project Description

<input type="checkbox"/> New Furnace	<input type="checkbox"/> Central Air
<input type="checkbox"/> Bathroom Exhaust	
<input type="checkbox"/> Clothes Dryer Exhaust	
<input type="checkbox"/> Other: Describe	
<b>Estimated Cost:</b>	

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

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Approval Conditions:</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

**Permit Fee:** \_\_\_\_\_ **Date Pd.** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Permit Issued By:**

<b>Name:</b>
<b>Date Issued:</b>
<b>Certification No:</b>