



# HVAC Permit Application

Permit Number \_\_\_\_\_  
(Assigned by Village Personnel)

Village of Hobart  
Dept of Buildings & Code Compliance  
2990 S Pine Tree Rd  
Hobart WI 54155  
Phone: (920) 869-3809  
Fax (920) 869-2048

Project Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Applicant is the:  Owner OR  Contractor  
Use Category:  Single Family  Duplex  Multi-Family  Commercial  Industrial  Agricultural

Owner's Name:  e-mail:		Mailing Address:	Tel: Fax: Mobile:
HVAC Contractor Name:  e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:

Scope of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check  All Applicable

<b>Fuel System Type</b>	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Solid	<input type="checkbox"/> Oil	<input type="checkbox"/> Solar
	<input type="checkbox"/> New	<input type="checkbox"/> Replace	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Radiant	<input type="checkbox"/> Steam	<input type="checkbox"/> A/C	<input type="checkbox"/> Vent
	<input type="checkbox"/> Electric	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Suppl.	<input type="checkbox"/> Other _____	

Chimney/Vent Type  Type A  Type B  Direct Vent  Other \_\_\_\_\_

Replacement Heating Plants: Is Existing Chimney Being Lined?  Yes  No  
Liner Size \_\_\_\_\_ Style/Type \_\_\_\_\_

Note: All chimneys shall be sized per the BTU's being vented.

Total Value of Project \$ \_\_\_\_\_ (Value of materials & labor is required to ensure consistency in assessing permit fees.)

ELECTRICAL CONTRACTOR (if applicable) \_\_\_\_\_

*I certify the above information is complete and accurate. I agree to perform the work in conformance to all approval conditions & applicable codes/ordinances.*

Applicant Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Issued By: _____
Date: _____