



2000 MUNICIPAL DR.
NEENAH, WI 54956
BUILDING INSPECTIONS (920) 720-7104

PERMIT #:	
RECEIPT #:	

HEATING PERMIT APPLICATION

RESIDENTIAL (1 OR 2 FAMILY)
 COMMERCIAL/INDUSTRIAL/MULTI-FAMILY

PROJECT ADDRESS:	
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PROPERTY OWNER		APPLICANT (<input type="checkbox"/> Check if same as owner)	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE		CONTACT NAME	
		PHONE	
		HVAC CONTRACTOR #	

EQUIPMENT	QTY	NEW OR REPLACEMENT?	SIZE (BTU/TON)	ESTIMATED COST
FURNACE				
BOILER				
AIR CONDITIONING				
ROOFTOP UNIT				
FIREPLACE				
TOTAL ESTIMATED COST:				\$
FEE:				\$

STATE APPROVED PLAN REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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OTHER WORK OR COMMENTS: _____

The applicant hereby agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the Village of Fox Crossing.

APPLICANT SIGNATURE:		DATE:	
APPROVED BY:		DATE:	