



NEW EQUIPMENT ONLY
RESIDENTIAL HVAC PERMIT APPLICATION

(For Replacement equipment please go to www.westalliswi.gov/bins/hvac)
 (For One and Two-Family Property Only)

1. Job Address: _____

2. Owner Information

Name _____ Address _____ City/State/Zip _____ Phone _____

3. Estimated Cost of Work \$ _____

4. Property & Permit Information (Check all that apply)

<input type="checkbox"/> single family	<input type="checkbox"/> new/original equip.	<input type="checkbox"/> distribution system only
<input type="checkbox"/> two family		
<input type="checkbox"/> mobile home		

5. HVAC Contractor Information

Licensed Business Name _____

Address _____ City/State/Zip _____ Phone _____

a. State of Wisconsin HVAC Contractor License # _____

b. Contractor Job Number (if applicable) _____

6. Description of Work - State HVAC work in detail. Include equipment, manufacturer's name, model number, size (BTUs/Tons) including the units they are replacing, or other work to be performed.

7. Electrical Contractor Information - (All new or replacement HVAC appliance installations require an additional electrical permit to be issued to a licensed electrical contractor. This HVAC Permit may not be issued without listing this information below.)

a. _____
 Electrical Permit Number and/or- _____

b. _____
 Licensed Electrical Contractor Business Name Address City/State/Zip Phone

8. Fee Calculation	Quantity	Fee	Amount
a. A/C, Furnace, Fireplace, Pellet Stove or other		\$50/ unit	\$
b. Alteration to HVAC distribution system. Area of System _____ sq. ft. divided by 100 = "Quantity"		\$2.00/100 sq. ft. of conditioned area - \$50.00/Min	\$
c. Total Permit Fee (add "Amount" column) "Total Permit Fee" tripled (x3) for work started prior to obtaining permit (\$225.00 Min.)			\$

9. _____
 Owner / HVAC Contractor Signature

By signature I certify that the work listed in this application when permitted will be performed in a safe, legal and workmanlike manner & the completed installation will conform to all applicable rules, codes, and regulations of the City of West Allis & the State of Wisconsin

(Date Stamp)	Approved by: _____ Date: _____
	Comments/Conditions:
	Date Issued: _____ Permit # _____