



HVAC and MECHANICAL PERMIT APPLICATION

Fire Prevention and Building Safety

400 La Crosse St, La Crosse, WI 54601

(608) 789-7530 • Fax: (608) 789-7589

<http://www.cityoflacrosse.org> inspection@cityoflacrosse.org

Gregg A. Cleveland, Fire Chief

Application No: _____

Date: _____

Parcel No: _____

OWNER

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Fax: _____

Phone: _____

Cell: _____

Email: _____

CONTRACTOR

Name: _____

Address: _____

WIS Cred/Qual: _____

City: _____

State: _____

Zip Code: _____

Fax: _____

Phone: _____

Cell: _____

Email: _____

Project Address:

Installation Date:

Furnace: Horizontal Up Flow Counter Flow Input _____

No Units Mfg. Name Model # Fuel Btuh _____

Comb. Htg. & A.C. (RTU, etc.): C.Btuh _____

No Units Mfg. Name Model # Fuel H.Btuh _____

Air Cond.: Electric Gas Btuh _____

No Units Mfg. Name Model # _____

Heat Pump: C.Btuh _____

No Units Mfg. Name Model # H. Btuh _____

Boiler: H.W. Steam Process Input _____

No Units Mfg. Name Model # Fuel Btuh _____

Unit Heater: Input _____

No Units Mfg. Name Model # Fuel Btuh _____

Elec. BSBD Heating: _____

No Units Mfg. Name Model # KW _____

Kitchen Hood and Exhaust Systems: _____

No Units Mfg. Name Size CFM _____

Fire Suppression System (Kitchen Hood): _____

No Units Mfg. Name Model # _____

Fireplace/Gas Log: _____

No Units Mfg. Nam Model # Fuel _____

Commercial: Dryers Ovens Btuh _____

No Units Mfg. Name Model # _____

Other: _____

No Units Mfg. Name: Model # _____

Replacement Unit: Yes No Connection to existing wiring: Yes No Ductwork: New Existing

Boilers, Cooling Towers and Related Equipment directly connected to Potable Water System

(a) Backflow Prevention Device used, Include Manufacturer and Model No.: _____

Venting: Chimney Construction: _____ Chimney Dimensions: _____

Type of Liner: _____ Size of Liner: _____

PROPERTY

1 or 2 Family Building Multiple Family Building Non-Residential

Number of Apts. in Building: _____ Describe: _____

COST

TOTAL VALUATION OF THE COMPLETE JOB: \$ _____ FEE: \$ _____

Fire Department Fee: \$ _____ RECORD MAINTENANCE FEE: \$ _____

NOTE: Except for 1 and 2 family replacement installations connected to an existing branch circuit, a separate application for electrical permit must be filed with the electrical inspector. **IT IS HEREBY AGREED** between the undersigned, as owner or duly authorized agent of the owner, and the City of La Crosse, that for and in consideration of the premises of the permit to install, alter, or repair as above described, to be issued and granted by the Department of Fire Prevention and Building Safety that the work thereon will be done in accordance with the description herein set forth in this statement; and it is further agreed to alter, repair or install in strict compliance with all the laws of the City of La Crosse and State of Wisconsin pertaining to heating, ventilation and air conditioning; and to obey any and all lawful orders of the FPBS Department made or issued by virtue of the provisions of such laws. As further condition of this permit, the undersigned owner, or his agent, hereby consents to entry upon the premises described hereon, by the FPBS Department, at all reasonable hours, for the purpose of inspection. **IT IS THE APPLICANT'S RESPONSIBILITY TO CALL FOR INSPECTIONS. FAILURE OF THE APPLICANT TO CALL FOR REQUIRED INSPECTIONS WILL RESULT IN THE CITY OF LA CROSSE SUSPENDING OR REVOKING REQUIRED CITY LICENSE(S) AND/OR CITATIONS MAY BE ISSUED.**

(PRINT) APPLICANT

DATE

COMPANY

(SIGN) APPLICANT

ADDRESS