



# La Crosse Fire Department

Division of Community Risk Management

[inspection@cityoflacrosse.org](mailto:inspection@cityoflacrosse.org) 608-789-7530

<http://www.cityoflacrosse.org/your-government/departments/fire-department>



## APPLICATION FOR HVAC/MECHANICAL PERMIT

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

### OWNER INFORMATION

Name: \_\_\_\_\_

Address of Above: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Name: \_\_\_\_\_

Address of Above: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PROJECT INFORMATION

Project Address: \_\_\_\_\_

Construction Cost:

\$ \_\_\_\_\_

Job Description: \_\_\_\_\_

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

Replacement Unit:

☐ Yes ☐ No

Connection to Existing Wiring:

☐ Yes ☐ No

Ductwork:

☐ New ☐ Existing

### PROPERTY INFORMATION

Property Type:

☐ 1 or 2 Family Building ☐ Multi-Family Building ☐ Non-Residential

#of Apts: \_\_\_\_\_

Describe: \_\_\_\_\_

### FEE INFORMATION

Permit:

\$ \_\_\_\_\_

Fire Department:

\$ \_\_\_\_\_

Record Maintenance:

\$ \_\_\_\_\_

Total:

\$ \_\_\_\_\_

### AN EQUIPMENT SCHEDULE MUST ACCOMPANY THIS APPLICATION

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, to 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 is further agreed to alter, repair 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 order 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 heron, but 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 LACROSSE SUSPENDING OR REVOKING REQUIRED CITY LICENSE(S) AND/OR CITATIONS MAY BE ISSUED.**

Applicant: (Print Name & Company) \_\_\_\_\_

(Sign) \_\_\_\_\_

(Date) (WI Cred/Qual) \_\_\_\_\_

### OFFICE USE ONLY

Application Approved: \_\_\_\_\_

Inspector: \_\_\_\_\_

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

# HVAC/Mechanical Equipment Schedule

## PLUMBING INFORMATION

**Backflow Prevention Device:** Manufacturer

Model No

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

## VENTING INFORMATION

**Chimney:** Construction

Dimensions

**Liner:** Type

Size

## FURNACES

No Units	Type (Horizontal/Up Flow/Counter Flow)	Mfg. Name	Model #	Fuel	Input	Btuh
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## COMBINED HEATING & A.C. (RTU, etc.)

No Units	Mfg. Name	Model #	Fuel	Cooling Btuh	Heating Btuh
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## AIR CONDITIONERS

No Units	Electric/Gas	Mfg. Name	Model #	Fuel	Btuh
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## HEAT PUMPS

No Units	Mfg. Name	Model #	Fuel	Cooling Btuh	Heating Btuh
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## BOILERS

No Units	Purpose (HW/Steam/Process)	Mfg. Name	Model #	Fuel	Input	Btuh
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## UNIT HEATERS

No Units	Mfg. Name	Model #	Fuel	Input	Btuh
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## ELECTRIC BASEBOARD HEATING

No Units	Mfg. Name	Model #	KW
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## KITCHEN HOOD AND EXHAUST SYSTEMS

No Units	Mfg. Name	Model #	CFM
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## FIRE SUPPRESSION SYSTEM (KITCHEN HOOD)

No Units	Mfg. Name	Model #
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## FIREPLACE/GAS LOG

No Units	Mfg. Name	Model #	Fuel
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## COMMERCIAL

No Units	Dryers/Ovens	Mfg. Name	Model #	Btuh
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## OTHER

No Units	Mfg. Name	Model #
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# Natural Gas Inspection Certificate

**Builders Call Line**
**Phone: 800.628.2121**
**Fax: 888.742.5623**
**Email: BCLWI@xcelenergy.com**
**Mail: Xcel Energy, BCL - Sky Park, P.O. Box 8 Eau Claire, WI 54702**

Date \_\_\_\_\_ Owner \_\_\_\_\_ Phone \_\_\_\_\_

Service address \_\_\_\_\_ Apt., Unit, Ste. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Township \_\_\_\_\_

Installer's company name \_\_\_\_\_ Installer's name \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Design delivery pressure** ☐ 7"WC ☐ 2 psig ☐ Xcel Energy approved delivery pressure \_\_\_\_\_

**Check appropriate boxes:**
☐ Residential ☐ Commercial ☐ Industrial ☐ Conversion ☐ New construction ☐ Pressure change only

**Note: Please contact the Builders Call Line before installing a tankless water heater, equipment and piping to ensure you have the proper piping size and delivery pressure.**

**Equipment installed**

Furnace/boiler \_\_\_\_\_

Water heater \_\_\_\_\_

Range \_\_\_\_\_

Dryer \_\_\_\_\_

Fireplace \_\_\_\_\_

Other \_\_\_\_\_

**Total BTU/H** \_\_\_\_\_

Remarks \_\_\_\_\_

**For Certificate of Compliance type inspections:** Signature required to verify the installation, at the above-described premise, was done in compliance with all applicable codes, safety standards and Xcel Energy service rules. The installation is now ready for connection.

Print name of installer \_\_\_\_\_ Signature of installer \_\_\_\_\_

Contractor phone number \_\_\_\_\_ Date \_\_\_\_\_

**For UDC and commercial inspections only**

\*\*\*Uniform Dwelling Code (UDC) Inspection is a requirement for new construction one- and two-family dwellings. Signature required to verify the installation was done in compliance with all applicable codes.

Print name of natural gas inspector \_\_\_\_\_ Signature of natural gas inspector \_\_\_\_\_

Certified inspection number: \_\_\_\_\_ Date approval \_\_\_\_\_

\*\*\*Before natural gas can be furnished this form must be completely filled out, signed and returned to Xcel Energy. Please make sure the document is legible.