

# HEATING/COOLING PERMIT APPLICATION

City of Chippewa Falls Inspection Department  
30 West Central Street, Chippewa Falls, WI 54729

Email: [inspect@chippewafalls-wi.gov](mailto:inspect@chippewafalls-wi.gov)

Phone: (715) 726-2752  
Fax: (715) 726-2759

Applications are on-line at:  
[www.chippewafalls-wi.gov](http://www.chippewafalls-wi.gov)

This is an application only, and is not an authorization for installation. This application will be reviewed by the Building Inspector, and if approved, a heating permit will be issued. Applicant must file with the Building Inspector information as outlined on the back of this form. Applicants must complete all parts of this form unless otherwise instructed. Blanks will delay the processing of the application and issuance of a permit.

## 1) USE OF PROPERTY

\_\_\_\_\_ Single Family      \_\_\_\_\_ Multi-family (\_\_\_\_\_ # of units)      \_\_\_\_\_ Industrial  
\_\_\_\_\_ Two Family      \_\_\_\_\_ Commercial      \_\_\_\_\_ Other (\_\_\_\_\_)

## 2) TYPE OF WORK

\_\_\_\_\_ New Building      \_\_\_\_\_ Accessory Structure      \_\_\_\_\_ Interior Alteration      \_\_\_\_\_ Temporary  
\_\_\_\_\_ Addition      \_\_\_\_\_ Replacement      \_\_\_\_\_ Exterior Alteration      \_\_\_\_\_ Other(\_\_\_\_\_)

## 3) PROJECT LOCATION

Street Address \_\_\_\_\_

## 4) PROPERTY OWNER

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 5) CONTRACTOR

Firm \_\_\_\_\_ HVAC Contractor # \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Receive Text Messaging  Email \_\_\_\_\_

## 6) WORK DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) ESTIMATED PROJECT VALUE \$ \_\_\_\_\_

## 8) APPLICANT'S STATEMENT

I certify that the information provided on this form is complete and accurate and agree to comply with all applicable codes and ordinances of the City of Chippewa Falls and the State of Wisconsin and any conditions attached hereto.

Fee \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Treasurer Receipt # \_\_\_\_\_

Permit # \_\_\_\_\_

Treasurer Signature \_\_\_\_\_

Parcel # \_\_\_\_\_

