



VILLAGE OF KIMBERLY


HVAC PERMIT APPLICATION

515 W. Kimberly Ave.
Kimberly, WI 54136

p 920-788-7507

www.vokimberly.org
streets@vokimberlywi.gov

ALLOW 10 BUSINESS DAYS FOR APPROVAL

Project Address	_____ PERMIT # _____
Applicant	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other (describe) _____
Owner / Tenant	Name _____ Phone _____ Address _____ Email _____
Contractor	Company Name _____ Phone _____ Contact _____ Email _____ Address _____ State Credential #'s _____ HVAC Contractor Lic # _____
Type of Work	<input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Both
Use	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Chimney Type	<input type="checkbox"/> B-Vent <input type="checkbox"/> Direct Vent <input type="checkbox"/> Existing Masonry <input type="checkbox"/> Lined Masonry <input type="checkbox"/> Single Wall
Appliance Type	<input type="checkbox"/> Air Conditioner <input type="checkbox"/> Air Handler <input type="checkbox"/> Elec Unit Heater <input type="checkbox"/> Gas Boiler <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Gas Unit Heater <input type="checkbox"/> Oil Boiler <input type="checkbox"/> Oil Furnace <input type="checkbox"/> Roof Top Unit <input type="checkbox"/> Other _____
Project Description	_____ _____  Full Village Fee Schedule can be accessed here: www.vokimberly.org/resources/fee-schedule/
Value of Job	\$ _____ (Value for materials & labor is req. to ensure consistency in assessing permit fees for all applicants.) Payment Date Received: _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card (office or online only)

I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.

Name: _____ (Please print) Date: _____

Signature: _____ Total Fees Due: _____

FOR OFFICE USE ONLY

Approved By: _____ Date: _____

License # _____ Inspector Payment Approved Deposit Assessor