VILLAGE OF KIMBERLY

HVAC PERMIT APPLICATION

ALLOW 10 BUSINESS DAYS FOR APPROVAL

426 W. Kimberly Ave.
Kimberly, WI 54136

p 920-788-7507

www.vokimberly.org
streets@vokimberlywi.gov

Project Address	_____ PERMIT # _____
Applicant	☐ Owner ☐ Contractor ☐ Tenant ☐ Other (describe)_____
Owner / Tenant	Name_____ Phone_____ Address_____ Email_____
Contractor	Company Name_____ Phone_____ Contact_____ Email_____ Address_____ State Credential #'s_____ HVAC Contractor Lic #
Type of Work	☐ Heating ☐ Air Conditioning ☐ Both
Use	☐ Residential ☐ Commercial
Chimney Type	☐ B-Vent ☐ Direct Vent ☐ Existing Masonry ☐ Lined Masonry ☐ Single Wall
Appliance Type	☐ Air Conditioner ☐ Air Handler ☐ Elec Unit Heater ☐ Gas Boiler ☐ Gas Furnace ☐ Gas Unit Heater ☐ Oil Boiler ☐ Oil Furnace ☐ Roof Top Unit ☐ 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: _____ ☐ Check #_____ ☐ Cash ☐ 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