

# HVAC PERMIT

## ProCheck Inspections, LLC

N3587 County Road C  
 Pulaski, WI 54162  
 920-373-7598  
 procheckwi@gmail.com

Permit No. \_\_\_\_\_  
 Parcel No. \_\_\_\_\_  
 Permit Fee \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Date \_\_\_\_\_

Owner/Contractor \_\_\_\_\_

Project Type \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Comments \_\_\_\_\_ Email \_\_\_\_\_

TYPE OF BUILDING	TYPE & QUANTITY OF INSTALLATION
<input type="checkbox"/> One Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Air Conditioning _____ <input type="checkbox"/> Oil Boilers _____ <input type="checkbox"/> Air Handler _____ <input type="checkbox"/> Rooftop _____ <input type="checkbox"/> Gas Boilers _____ <input type="checkbox"/> Unit Heaters _____ <input type="checkbox"/> Gas Furnace _____ <input type="checkbox"/> Oil Furnace _____ <input type="checkbox"/> Other (specify) _____

**TOTAL B.T.U.**

Heating: \_\_\_\_\_ (List in B.T.U.'s)      Air Conditioning: \_\_\_\_\_ (List in B.T.U.'s)

Air Conditioning Electrician: \_\_\_\_\_

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

\_\_\_\_\_  
 Name of License Holder (Print)

\_\_\_\_\_  
 Estimated Cost

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 State HVAC Certification No.

\_\_\_\_\_  
 HVAC Contractor

\_\_\_\_\_  
 Daytime Telephone Number

\_\_\_\_\_  
 Contractor Mailing Address

\_\_\_\_\_  
 HVAC Inspector

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

Make payment payable to municipality & send to inspector with application.

**All inspections must be scheduled for time of installation 920-373-7598**