Onalaska Inspection Department
415 Main St., Onalaska, WI 54650
(608) 781-9541 Fax: 781-9506
www.cityofonalaska.com

APPLICATION FOR HVAC PERMIT

If incomplete, no further processing of the application will occur until the deficiencies are corrected. All permit applications are valid for one (1) year upon payment of non-refundable fees. Any extensions to the one (1) year time frame are subject to approval by the Common Council.

Address of Project: _____

Owner/Occupant Name: _____

Residential _____ Commercial _____ (check one)

Description of Work: _____

_____

Sq.Ft. of Bldg/House_____Sq.Ft. of Work areas_____Estimated cost (all labor & materials): $_____

Note: Square footage must match the building permit.
If there is not a building permit involved in your project, calculate your work area for your fee.

Permit Fee: $ _____

The undersigned hereby makes an application for the location stated herein. The undersigned agrees that all work shall be done in accordance with the requirements of the City of Onalaska Unified Development Code /Building Codes and with all other applicable City Ordinances and the laws and regulations of the State of Wisconsin. The undersigned acknowledges and agrees that the issuance of the permit creates no legal liability expressed or implied, on the Department of Inspection or this Municipality; and certifies that all the above information is accurate to the best of their knowledge. As a further condition of this permit, the undersigned owner or owner's agent, hereby consents to entry of the premises described hereon, by the Inspection Department, at all reasonable hours, for the purpose of inspection.

By:_____
HVAC Contractor (Print)

Signature:_____ Date: _____
HVAC Contractor

WI HVAC Contractor Registration # _____

Address:_____Phone # _____

Email Address:_____Electronic Notification:_____YES_____NO