

APPLICATION FOR HVAC AND/OR PLUMBING PERMIT

TOWN OF HOLLAND, SHEBOYGAN COUNTY
W3005 COUNTY ROAD G, CEDAR GROVE, WI 53013

**SEND APPLICATION AND \$75 FEE PER PERMIT TYPE BY CHECK MADE PAYABLE TO "TOWN OF HOLLAND" TO:
TOWN OF HOLLAND BUILDING INSPECTOR, 50 HICKORY DRIVE, CEDAR GROVE, WI 53013**

LOCATION OF HVAC / PLUMBING (CIRCLE ONE OR BOTH) WORK: _____

OWNER NAME(S) AND PHONE #: _____

APPLICANT (IF DIFFERENT THAN OWNER): _____

OWNER MAILING ADDRESS: _____

CONTRACTOR: _____ CONTRACTOR PHONE #: _____

CONTRACTOR MAILING ADDRESS: _____

DESCRIBE LOCATION (BUILDING/STRUCTURE) AND WORK TO BE PERFORMED _____

ESTIMATED COST OF HVAC PROJECT: _____ ESTIMATED COST OF PLUMBING PROJECT: _____

CHECK THE FOLLOWING IF APPLICABLE (NO ADDITIONAL FEE – FOR INFORMATIONAL PURPOSES)

HVAC

- HOT WATER OR STEAM SYSTEM
 - NEW INSTALLATION – QUANTITY: _____
 - REPLACEMENT OF BOILER TO EXISTING SYSTEM – QUANTITY: _____
 - ADD’L RADIATION OR EXTENSION – QUANTITY: _____
- WARM AIR SYSTEM
 - NEW INSTALLATION – QUANTITY: _____
 - REPLACEMENT TO EXISTING DUCT WORK – QUANTITY: _____
 - ADDED RADIATION AND ADDED DUCT WORK – QUANTITY: _____
- CONVERSIONS (CIRCLE ONE: RESIDENTIAL / COMMERCIAL / INDUSTRIAL) – QUANTITY: _____
- WALL FURNACES – QUANTITY: _____
- AIR CONDITIONING (CIRCLE ONE: PERMANENT WALL TYPE / CENTRAL AIR) – QUANTITY: _____

PLUMBING

- TRAPPED FIXTURES -- QUANTITY: _____
- STUBS FOR FUTURE FIXTURE -- QUANTITY: _____
- WATER HEATER -- QUANTITY: _____
- WATER SOFTENER-- QUANTITY: _____
- FLOOR DRAIN TO SEWER-- QUANTITY: _____
- SLOP SINK-- QUANTITY: _____
- CONNECTIONS TO PRIVATE WELL OR WATER SUPPLY -- QUANTITY: _____

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with Town of Holland Ordinances and the State Building Code of Wisconsin and to obey any and all lawful orders of the inspector of buildings of the Town of Holland. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for any and all damage to persons or property caused by and arising from the grant and exercise of such privilege.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

THIS PERMIT EXPIRES 12 MONTHS FROM DATE OF ISSUANCE

TO BE COMPLETED BY TOWN BUILDING INSPECTOR ONLY

PERMIT NO: _____ **PERMIT DATE:** _____

DATE OF INSPECTION(S): _____

REMARKS: _____

**FOR ASSISTANCE WITH THIS APPLICATION OR FOR QUESTIONS ABOUT ORDINANCES AS THEY RELATE TO REQUIRED BUILDING PERMITS, PLEASE CONTACT THE TOWN OFFICE:
920-668-6625 OR CLERK-TREASURER@HOLLANDWI.GOV**