



Submit to:
 Inspections Department
 City of Two Rivers
 PO Box 87
 Two Rivers, WI 54241-0087
 Email: zoning@two-rivers.org
 Fax: 920-793-5512

HVAC PERMIT APPLICATION

1. Project Address _____
2. Owner _____ Phone _____
3. Building/Structure
☐ Residence ☐ Commercial ☐ Industrial ☐ Institutional ☐ Accessory
4. Contractor _____ Phone _____
5. HVAC Contractor Registration # _____ Expiration Date _____

Number	Type	BTU/Ton	Brand	New	Replace
	Boiler				
	Furnace				
	Unit Heater				
	Roof Top Unit				
	Air Conditioner				
	Fireplace				
	Pellet Stove				
	Comm Exhaust Hood & System				
	Distribution System	New _____ Alterations _____			

Other:

HVAC Permit Fees (rounded to the nearest whole number) 2.0% of valuation (Residential) 2.5% of valuation (Commercial) \$50.00 Minimum Fee		Location Rear and interior side yards only. Maintain at least 3 feet from interior and rear property lines SPS 322.30(4) applies to attached garages being provided with supplemental heat. Two options to achieve compliance with this code section: 1. Provide all (3) items listed in SPS 322.30(4)(a). 2. Provide all (3) items listed in SPS 322.30(4)(b).
Project Cost \$		Permit Fee \$

Signed _____
 (HVAC Contractor or Owner)

Date _____