

APPLICATION FOR COMMERCIAL HVAC PERMIT
Form #DCI107 (rev 01/20)

FOR OFFICE USE ONLY					
Date		_			
Permit #		_			
Needs A	pproval	_			
IP		_			
Fee'd		_			
n)					

Form #DCI107 (rev 01/20)									
*For Commercial and Multi-f	amily								
Project Address Property Owner Mailing Address City State Zip			Contractor						
							City State Zip		
							Phone ()		
			→ Estimated Cost			Contractor e-mail:			
Description of Work									
CHECK ONE: Commercial	Multi-family	(if multi-fa	amily, number of units)						
CHECK ONE: Alteration Square footage of affected area			New Building/Addition Square footage of <i>entire building</i>		Other Unit Replacement Only* *Indicate units and quantities below				
Heating Units/Boilers/Furnace	s: Number of Units	BTU's	per unit Total BTU's						
Air Conditioning: Number of L	Jnits Tons per Unit	t Total	TonsNote: No A/C shall	l be installed in fr	ont of the building				
upon which the service was perform to the thick that the service was perform to the thick that t	\$TOR'S RESPONSIB FEE \$ 120.00 Per Unit \$.04 per Sq. Ft. \$ 60.00 Ea. \$ 4.80 Per 200,000 \$ 60.00 Ea. \$ 4.80 Per 200,000 \$ 6.00 Per Ton \$ 3.60 Per Ton		RANGE HOOD AIR HANDLING UNIT FUEL BURNING DEVICE SUSPENDED UNIT HEATE MISCELLANEOUS VENTILATION FAN DISTRIBUTION DUCT WO! MINIMUM COMMERCIAL	FEE \$ 60.00 Ea. \$ 24.00 Ea. \$ 60.00 Ea. \$ 60.00 Ea. \$ 18.00 Ea. \$ 18.00 Ea. \$ 18.00 Ea. \$ 18.00 Ea.	QTY				
0-2,500 2,500-5,000	\$ 200.00								
5,001-10,000	\$ 300.00								
·			olan review fee will not be asse						
lf work is started without firs Code of General Ordinances	• • •	a penalty	fee will be charged in accord	lance with Chap	ter 9.07C of the				
Contractors of HVAC Projects	must posess the follow	ving two lic	enses:						
1) Wisconsin HVAC Qualifier Ce	rtification number		OR Kenosha HVAC License r	number*					
			Expiration Date						
			ssional Services (DSPS) at dsps						
	•		possess a City License, you will need a		ification.				
I agree to comply with all appli issuance of the permit creates information herein is accurate.	cable codes, statutes, a no legal liability, express I expressly grant the bui	nd ordinand or implied Iding inspec	ces, and with the conditions of the conditions o	his permit; unders nd, certify that all agent, permissior	tand that the of the permit n to enter the				

Licensee's Signature______ Date_____

Please Print Name_____