



Parcel No. _____

Permit No. _____

VILLAGE OF WINNECONNE, WI

PO BOX 488 • Winneconne, WI 54986 • PH. 920-582-4381 • FAX 920-582-0660
CSR@winneconnewi.gov for submittals & Payments sent to Village of Winneconne, P.O. Box 488, Winneconne, WI 54986

Residential HVAC Permit

Property Owner: _____ Phone: _____

Property Address: _____

Contractor's name: _____ Phone: _____

Contractor's address: _____ License #: _____

Contractor's Email address: _____

Type of occupancy: _____

Job description: _____

Additional furnace or A/C unit _____ count _____ x \$30.00 = _____

Project total cost \$ _____ **Minimum Fee \$125.00** **Total Fees \$** _____

Owner/Contractor: _____ Date: _____

Inspector: _____ Date: _____

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All work to meet the State Codes or reinspection fees will be charged for improper installation.

The owner/contractor is responsible for making arrangements for the final inspection.