



FOR OFFICE USE	
Permit No.	
Receipt No.	
Fee \$	
Building Permit No.	
Acct. Code	2-209

APPLICATION FOR HEATING PERMIT

Return completed application to the Building Inspector on the 3rd floor of Village Hall or e-mail to buildinginspector@littlechutewi.org

CONSTRUCTION SITE: _____

NAME OF OWNER: _____ PHONE: _____

INSTALLATION INFORMATION:

Describe Building (Res. – Comm.) _____

Name of manufacturer of Equip. _____

Total B.T.U. Input: _____

Type of heating plant: _____ Type of flue: _____

Type of installation: _____ Estimated cost (\$): _____

Air conditioning: _____ Estimated cost (\$): _____

State Approved Plan required? YES NO

Remarks: _____

In consideration of the issuance of the permit the applicant agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the ordinances of the Village of Little Chute.

NAME OF INSTALLER/APPLICANT: _____ Lic. #: _____

ADDRESS: _____

E-MAIL: _____

APPLICANT SIGNATURE: _____ DATE: _____

PERMIT

Permit is granted to do the work herein above specified. Please notify Heating Inspector at completion of installation for final inspection.

APPROVED BY: _____ DATE: _____