



# La Crosse Fire Department - Community Risk Management

400 La Crosse St, La Crosse, WI 54601 • (608) 789-7530 • http://www.cityoflacrosse.org • inspection@cityoflacrosse.org

## APPLICATION FOR HVAC and MECHANICAL PERMIT

Application Number \_\_\_\_\_ Date \_\_\_\_\_ Parcel Number: \_\_\_\_\_

OWNER INFORMATION			
Name:			
Address of Above: Street		City	State Zip Code
Phone:	Cell:	Fax:	Email:
CONTRACTOR INFORMATION			
Name:			
Address of Above: Street		City	State Zip Code
Phone:	Cell:	Fax:	Email:
PROJECT INFORMATION			
Project Address:			
Construction Cost: \$	Job Description:		
Installation Date:			
Replacement Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Connection to Existing Wiring: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ductwork: <input type="checkbox"/> New <input type="checkbox"/> Existing	
PROPERTY INFORMATION			
Property Type: <input type="checkbox"/> 1 or 2 Family Bldg. <input type="checkbox"/> Multi-Family Bldg. <input type="checkbox"/> Non-Residential		# of Apts.:	Describe:
FEE INFORMATION			
Permit: \$	Fire Department: \$	Record Maintenance: \$	Total: \$

**AN EQUIPMENT SCHEDULE MUST ACCOMPANY THIS APPLICATION**

**NOTE:** Except for 1 and 2 family replacement installations connected to an existing branch circuit, a separate application for electrical permit must be filed with the electrical inspector.

**IT IS HEREBY AGREED** between the undersigned, as owner or duly authorized agent of the owner, and the City of La Crosse, that for and in consideration of the premises of the permit to install, alter, or repair as above described, to be issued and granted by the La Crosse Fire Department - Community Risk Management that the work thereon will be done in accordance with the description herein set forth in this statement; and it is further agreed to alter, repair or install in strict compliance with all the laws of the City of La Crosse and State of Wisconsin pertaining to heating, ventilation and air conditioning; and to obey any and all lawful orders of the LCFD-CRM Department made or issued by virtue of the provisions of such laws. As further condition of this permit, the undersigned owner, or his agent, hereby consents to entry upon the premises described hereon, by the LCFD-CRM Department, at all reasonable hours, for the purpose of inspection. **IT IS THE APPLICANT'S RESPONSIBILITY TO CALL FOR INSPECTIONS. FAILURE OF THE APPLICANT TO CALL FOR REQUIRED INSPECTIONS WILL RESULT IN THE CITY OF LA CROSSE SUSPENDING OR REVOKING REQUIRED CITY LICENSE(S) AND/OR CITATIONS MAY BE ISSUED.**

Applicant: (Print Name & Company) \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date) (WI Cred/Qual) \_\_\_\_\_

OFFICE USE ONLY		
Application Approved:	Inspector:	Date:

# HVAC/Mechanical Equipment Schedule

<b>PLUMBING INFORMATION</b>							
<b>Backflow Prevention Device:</b> Manufacturer <small>For Boilers, Cooling Towers and Related Equipment directly connected to Potable Water System</small>					Model No		
<b>VENTING INFORMATION</b>							
<b>Chimney:</b> Construction				Dimensions			
<b>Liner:</b> Type				Size			
<b>FURNACES</b>							
No Units	Type (Horizontal/Up Flow/Counter Flow)	Mfg. Name	Model #	Fuel	Input	Btuh	
<b>COMBINED HEATING &amp; A.C. (RTU, etc.)</b>							
No Units	Mfg. Name	Model #	Fuel	Cooling Btuh	Heating Btuh		
<b>AIR CONDITIONERS</b>							
No Units	Electric/Gas	Mfg. Name	Model #	Fuel	Btuh		
<b>HEAT PUMPS</b>							
No Units	Mfg. Name	Model #	Fuel	Cooling Btuh	Heating Btuh		
<b>BOILERS</b>							
No Units	Purpose (HW/Steam/Process)	Mfg. Name	Model #	Fuel	Input	Btuh	
<b>UNIT HEATERS</b>							
No Units	Mfg. Name	Model #	Fuel	Input	Btuh		
<b>ELECTRIC BASEBOARD HEATING</b>							
No Units	Mfg. Name	Model #				KW	
<b>KITCHEN HOOD AND EXHAUST SYSTEMS</b>							
No Units	Mfg. Name	Model #				CFM	
<b>FIRE SUPPRESSION SYSTEM (KITCHEN HOOD)</b>							
No Units	Mfg. Name	Model #					
<b>FIREPLACE/GAS LOG</b>							
No Units	Mfg. Name	Model #				Fuel	
<b>COMMERCIAL</b>							
No Units	Dryers/Ovens	Mfg. Name	Model #				Btuh
<b>OTHER</b>							
No Units	Mfg. Name	Model #					



# Natural Gas Inspection Certificate

**Builders Call Line**

Phone: 800.628.2121

Fax: 888.742.5623

Email: BCLWI@xcelenergy.com

Mail: Xcel Energy, BCL - Sky Park, P.O. Box 8 Eau Claire, WI 54702

Date \_\_\_\_\_ Owner \_\_\_\_\_ Phone \_\_\_\_\_

Service address \_\_\_\_\_ Apt., Unit, Ste. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Township \_\_\_\_\_

Installer's company name \_\_\_\_\_ Installer's name \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Design delivery pressure**     7" WC     2 psig     Xcel Energy approved delivery pressure \_\_\_\_\_

**Check appropriate boxes:**

Residential     Commercial     Industrial     Conversion     New construction     Pressure change only

**Note: Please contact the Builders Call Line before installing a tankless water heater, equipment and piping to ensure you have the proper piping size and delivery pressure.**

**Equipment installed**

Furnace/boiler \_\_\_\_\_

Water heater \_\_\_\_\_

Range \_\_\_\_\_

Dryer \_\_\_\_\_

Fireplace \_\_\_\_\_

Other \_\_\_\_\_

**Total BTU/H** \_\_\_\_\_

Remarks \_\_\_\_\_

**For Certificate of Compliance type inspections:** Signature required to verify the installation, at the above-described premise, was done in compliance with all applicable codes, safety standards and Xcel Energy service rules. The installation is now ready for connection.

Print name of installer \_\_\_\_\_ Signature of installer \_\_\_\_\_

Contractor phone number \_\_\_\_\_ Date \_\_\_\_\_

**For UDC and commercial inspections only**

\*\*\*Uniform Dwelling Code (UDC) Inspection is a requirement for new construction one- and two-family dwellings. Signature required to verify the installation was done in compliance with all applicable codes.

Print name of natural gas inspector \_\_\_\_\_ Signature of natural gas inspector \_\_\_\_\_

Certified inspection number: \_\_\_\_\_ Date approval \_\_\_\_\_

\*\*\*Before natural gas can be furnished this form must be completely filled out, signed and returned to Xcel Energy. Please make sure the document is legible.