CITY OF WOOD DALE

(630) 766-5133 Fax (630) 787-3758

404 N. WOOD DALE RD. ● WOOD DALE, ILLINOIS 60191-1596

HEATING VENTILATION, AIR CONDITIONING PERMIT APPLICATION

The undersigned does hereby request a permit to install, revise, repair, alter, relocate or connect the following H.V.A.C. System or natural gas supply

_____ _____

JOB ADDRESS OWNER OR TENANT

RESIDENTIAL: _____ COMMERCIAL: _____ INDUSTRIAL: _____ OTHER: _____

TOTAL COST OF H.V.A.C. IMPROVEMENT: $ _____

HEATING

TYPE OF HEATING SYSTEM: _____ NUMBER OF UNITS: _____

AIR CONDITIONING

NUMBER OF UNITS: _____ RATING IN TONS TOTAL: _____

NOTE: Fee is based on number of items listed above. A penalty is provided for falsifying this application or starting work prior to the issuance of the permit.

GAS SUPPLY

PIPE SIZE: _____ LENGTH OF RUNS: _____

OTHER INFORMATION

_____

_____

_____

_____

H.V.A.C. CONTRACTOR

_____

STREET ADDRESS CITY PHONE

_____ _____

SIGNATURE OF H.V.A.C. CONTRACTOR DATE

All H.V.A.C. installations require a rough and a final inspection. Please call for inspection 24 hours prior to time inspection is required.
All H.V.A.C. units shall have UL or equivalent rating clearly marked on device

PERMIT # _____ DATE: _____

APPROVED BY: _____ FEE: _____