

Commercial HVAC Permit-Town of Neenah

Owner's name _____ Phone _____

Project address _____

Contractor's name _____ Phone _____

Contractor's address _____ Fax #: _____

Type of occupancy _____

Job description _____

Project Total Cost \$ _____

Building square foot _____ Times \$.02 = \$ _____ Plus \$25.00 Base fee = \$ _____

Owner/Contractor _____ Date _____

Inspector _____ Date _____

Payable to: Town of Neenah, **Mail to:** Gary Klinka, 228 Mandella CT Neenah, WI 54956. Phone & Fax:727-9200

- All work to meet the State Codes or reinspection fees will be charged for improper installations.
- The owner/contractor is responsible for making arrangements for the final inspection.