TOWN OF LIMA HEATING, VENTILATION, AND AIR CONDITIONING APPLICATION

DATE	E	PERMIT NO.
	undersigned hereby applies for a perr litioning equipment as hereinafter des	mit to install heating, ventilating or air cribed.
1.	Location of installation	
2.	Owner	Address
3.	Contractor	Phone
4.	Type of Building One or Two Family Residence N/A _Commercial - ILHR Plan Approval Date	
5.	Type of installation:	
	New Boiler New Furnace Unit Heater(s) Roof Top Unit(s) Additional to Existing System	
6.		
7.		
8.	Calculated BTU Heat Loss	
9.	Size of Unit (BTU Rating) Input	Output
10.	Estimated Cost	11. Scheduled State Date
accorda heating	ance with the descriptions herein set forth in this statem	e described and hereby agrees that such work will be done in ent; and it is further agreed to install in strict compliance with the State Heating and Ventilating Code of Wisconsin and to obey any).
		SIGNED
		ADDRESS