

<i>Describe Cooling System:</i> BRAND: _____ MODEL: _____	PROJECT TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT/REPAIR <input type="checkbox"/> ADDITION <input type="checkbox"/> CONDENSING UNIT
<input type="checkbox"/> FORCED AIR <input type="checkbox"/> RADIANT <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> CONDENSING UNIT	FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)

ALL PERMITS SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUE. A ONE TIME RENEWAL SHALL BE PERMITTED IF THE ORIGINAL PERMIT HAS NOT EXPIRED. RENEWED PERMITS SHALL EXPIRE ONE YEAR FROM THE RENEWAL DATE.

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE VILLAGE OF OBETZ BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME: _____

HOLD / DATE: _____ INCOMPLETE COMPLETE
 REASON: _____ PARTIALLY APPROVED APPROVED DISAPPROVED

BUILDING OFFICIAL: _____ / /

PLANS EXAMINER: _____ / /

FOR DEPARTMENT USE ONLY
Permit Application #:
Date Received:
Date Forwarded:
Date Returned:
Date Issued:
Zoning Approval: