



HVAC PERMIT APPLICATION

Building, Planning & Zoning
212 North Main Street
Greensboro, Ga. 30642
706-453-7967
706-453-2912 fax

Permit Number: Permit Fee: Date Approved:

OWNER INFORMATION

Owner/Builder Name: Phone:
Job Address: Cell:
Subdivision:
City/State: ZIP:

CONTRACTOR INFORMATION

Contractor Name: Phone:
Contractor Address: Cell:
City/State: ZIP: Fax:
Email: Ga. State Certification No.
Business License No. County of Issue:

(Copy of driver's license, business license and certification card must be provided.)

\*\*\*\*\*GAS MUST BE PERMITTED SEPARATELY\*\*\*\*\*

HVAC FEES

Total Number of Heating/Cooling Units x \$50.00 =\$
Total Number of Vent Units x \$10.00 =\$
(such as: fan vents, dryer vents, range vents)
Total Fee \$

Re-inspection Fee--\$100.00

Heating Unit Type—Name, Size, Model—BTUH Heat Loss (List each separately)

Cooling Unit Type—Name, Size, Model—BTUH Heat Gain (List each separately)

Ventilation-

Grease Hood Type/Quantity—Sq. Ft. Area—Size of Vent

Contractor/Homeowner Signature: Date:

(Homeowner must sign affidavit)