

MECHANICAL PERMIT

City of Clarkesville, Georgia

Permit No. M17-

Applicant to complete numbered spaces only.

OWNER
JOB ADDRESS

| | | | |
|---|--------------|-------|----------------------------|
| JOB ADDRESS | | | |
| LEGAL 1 DESCR. | LOT NO. | BLK | MAP & PARCEL NO. |
| OWNER 2 | MAIL ADDRESS | | ZIP PHONE |
| CONTRACTOR 3 | MAIL ADDRESS | | REGISTRATION NO./EXP. DATE |
| PHONE NUMBERS 4 | OFFICE | CELL | |
| ARCHITECT OR DESIGNER 5 | MAIL ADDRESS | PHONE | REGISTRATION NO. |
| ENGINEER 6 | MAIL ADDRESS | PHONE | |
| USE OF BUILDING 7 | | | |
| 8 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR | | | |
| 9 Describe work: | | | |
| | | | |
| | | | |

| | | | |
|--|--|---|------------|
| | Type of Fuel: Oil <input type="checkbox"/> Nat. Gas <input type="checkbox"/> LPG. <input type="checkbox"/> PERMIT FEES | | |
| SPECIAL CONDITIONS: _____ _____ _____ _____ _____ _____ | No. | Type of Equipment | Fee |
| | | Air Cond. Units - H.P. Ea. | \$ |
| | | Refrigeration Units - H.P. Ea. | |
| | | Boilers - H.P. Ea. | |
| | | Gas Fired A.C. Units - Tonnage Ea. | |
| | | Forced Air Systems - B.T.U. M Ea. | |
| | | Gravity Systems - B.T.U. M Ea. | |
| | | Floor Furnaces - B.T.U. M | |
| | | Wall Heaters - B.T.U. M | |
| | | Unit Heaters - B.T.U. M | |
| | | Evaporative Coolers | |
| | | Clothes Dryers | |
| | | Ventilation Fan | |
| | | Range Hood | |
| | | Air Handling Unit - C.F.M. | |
| | Incinerator | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | PERMIT | \$ | |
| | TOTAL FEE | \$ | |

| | | |
|-------------------------|------------------|--------------------------|
| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY |
| | | |

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH