4

MECHANICAL PERMIT

City of Clarkesville, Georgia

Applicant to complete numbered spaces only. JOB ADDRESS				Permit No. M18-			
JOB ADDRESS							
LEGAL LOT NO.	BLK	MAP & PARCEL NO.			200		
OWNER 2		MAIL ADDRESS		ZIP	PHONE		
CONTRACTOR MAIL ADDRESS 3					REGISTRATION NO./EXP. I	DATE	
PHONE NUMBERS OFFICE 4		OFFICE		CELL	A)		
ARCHITECT OR DESIGNER 5		MAIL ADDRESS		PHONE	REGISTRATION NO.		
engineer 6		MAIL ADDRESS	**************************************	PHONE			
USE OF BUILDING	11.4 (0.6 (0.7))						
8 Class of work:	NEW ADDITION	ON ALTERATION	R	EPAIR			
9 Describe work:							

			Туре	of Fuel: Oil Nat. G	as LPG.		
			No.	Type of Equip	pment		Fee
				Air Cond. Units - H.P. Ea.		\$	21
SPECIAL CONDITIONS:				Refrigeration Units - H.P. Ea.			
V ₁				Boilers - H.P. Ea.			
		1		Gas Fired A.C. Units - Tonnag	ge Ea.		
			<u> </u>	Forced Air Systems - B.T.U.	M Ea.		
				Gravity Systems - B.T.U.	M Ea.	_	
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY		Floor Furnaces - B.T.U.	M		
				Wall Heaters - B.T.U.	· M		
	NOTICE		-	Unit Heaters - B.T.U.	M	_	-
TIU0 DEDAUT DE00	NOTICE	ID IE WORK OF OOM	ļ	Evaporative Coolers			+
STRUCTION AUTH	ORIZED IS NOT CO	ID IF WORK OR CON- MMENCED WITHIN 6		Clothes Dryers		+-	-
MONTHS, OR IF CON	NSTRUCTION OR WO	RK IS SUSPENDED OR		Ventilation Fan		+-	
ABANDONED FOR AFTER WORK IS CO		ONTHS AT ANY TIME		Range Hood	C.F.M.		
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.				Air Handling Unit -	C.F.IVI.	-	-
ALL PROVISIONS OF	LAWS AND ORDINAN	ICES GOVERNING THIS		Incinerator			-
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.			-			-	+
CONSTRUCTION ON	THE PERFORMANCE	e or concincenton.				+	+
						+	-
						_	+
SIGNATURE OF CONTRACTO	OR OR AUTHORIZED AGENT	(DATE)	-			+	
			-		PERMIT \$	-	+
SIGNATURE OF OWNER (IF	OWNED BILL DEP!	(DATE)			TOTAL FEE		
SIGNATURE OF UWNER (IF	OWNER BUILDER)	(DAIE)					

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

PLAN CHECK VALIDATION

М.

CK.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH