## Town of Carl 1690 Carl-Bethlehem Road Auburn, GA 30011 inspectionsga@bureauveritas.com

## HVAC/Fuel Gas Permit Application

	sidential mmercial	Permit No	Permit No.		Expiration Date: / /			
□ Alt	eration/Repa	etion/Repair Estimated Cost of Construction (Labor and Materials): \$						
JOB SITE ADDRESS: LOT/ SUITE #:				PROJECT NAME:				
Property Use:				Zoning District: Map and Parcel:				
Job Descrip	otion:							
Property	Name:							
Owner	Address:	Address:			Phone: Email:			
Trade	Name:			State Li	cense No.:			
Contract	Address:			State: Zip:		Phor Ema		
[ ] Total Electric [ ] Total Gas [ ] Both Gas and Electric [ ] Natural Gas [ ] L.P.G							] L.P.G	
Number of Tons: Number of BTUs:				[ ] Fl	[ ] FURNACE MBTU			
Heating and/or Cooling Units:				[ ] FI	[ ] FIREPLACE MBTU			
Supply and Return Drops: Exhaust Fans:					[ ] OVEN/RANGE MBTU			
Grease/Vent Hood: Other:					[ ] DRYER MBTU			
					[ ] WATER HEATER MBTU			
SERVICE PROVIDER:								
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.								
Signature of Licensed Cardholder or Applicant:  Date:								
	FOR O	PFFICE USE ONLY		Accepted by:				
Construction Type:				Occupancy:				
Administ	ninistrative Fee: Plan Review Fee: Permit F			Fee:	CC Fee:		Total Fee:	
\$	s				\$		\$	