



115 EAST M. L. KING, JR. DRIVE  
 HINESVILLE, GA. 31313  
 (912) 876-4147  
 FAX (912) 876-4770

# HVAC

(Heating | Ventilation | Air Conditioning)  
**PERMIT APPLICATION**

PROJECT LOCATION:		SUBDIVISION:		LOT / UNIT NUMBER:	
PROPERTY OWNER:		HOME PHONE:		MOBILE:	
MAIL ADDRESS			CITY:		STATE: ZIP:
CONTRACTOR:		OFFICE PHONE:		MOBILE/LINK#:	
MAIL ADDRESS:			CITY:		STATE: ZIP:
LICENSE CLASS:		STATE LICENSE NUMBER:		EXPIRATION DATE:	
<input type="radio"/> RESTRICTED <input type="radio"/> UNRESTRICTED					
BUILDING OCCUPANCY TYPE:		CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION			
BRIEF WORK DESCRIPTION:				TOTAL ESTIMATED COST: \$	

I hereby make application for permission to install, alter or repair a heating, ventilation or air conditioning system as shown below at the address indicated above and I agree to comply with all rules, regulations and codes governing HVAC system installations within the city limits of Hinesville, GA

SYSTEM TYPE:  AIR CONDITIONING: CENTRAL --SPLIT / PACKAGE  COMMERCIAL EXHAUST HOOD  REFRIGERATION  FIRE PLACE: WOOD / GAS  BOILER  EXHAUST / VENTILATION

This system or appliance is or will be supplied by:  ELECTRICITY  NATURAL GAS  LIQUID PETROLEUM GAS  HOT WATER  STEAM  OTHER

ITEM #	DESCRIPTION OF SYSTEM COMPONENT, EQUIPMENT, APPLIANCE, FIXTURE OR DEVICE;	BTU, HP OR TONNAGE	MAXIMUM AIR FLOW RATE (cfm)	OTHER INFORMATION/LOCATION OF EQUIPMENT
1				
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10				

ARE THERE SEPARATE SHEET(S) FOR ADDITIONAL ITEMS ATTACHED TO THIS APPLICATION?  YES  NO

I, the STATE LICENSED CONDITIONED AIR CONTRACTOR or AUTHORIZED PROPERTY OWNER of the heating, ventilation and/or air conditioning system, certify that I will personally install or supervise the installation of all components, appliances, piping, fixtures, fittings and devices associated with the heating, ventilation and/or air conditioning system located on the premises indicated above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEPARTMENTAL PERSONNEL USE ONLY BELOW THIS LINE  
 WHEN PROPERLY VALIDATED, THIS IS YOUR PERMIT-DO NOT BEGIN WORK UNTIL THE PERMIT NUMBER IS ASSIGNED BELOW.**

APPROVED BY:	DATE:	PERMIT FEE: \$	PERMIT NUMBER:
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**COMMENTS**

PROJECT LOCATION:

CONTRACTOR:

### HVAC PERMIT APPLICATION CONTINUATION SHEET

ITEM #	DESCRIPTION OF SYSTEM COMPONENT, EQUIPMENT, APPLIANCE, FIXTURE OR DEVICE;	BTU, HP OR TONNAGE	MAXIMUM AIR FLOW RATE (cfm)	OTHER PERTINENT INFORMATION
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