



City of Atlanta

HVAC PERMIT APPLICATION



Issued By / Date \_\_\_\_\_

**JOB SITE**

Building Permit Number: \_\_\_\_\_ \*\*\*PLEASE SELECT ONE\*\*\*  Commercial  Residential

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Type(Rd, St.) \_\_\_\_\_ Quad(NE...)/ Bars(SUITE...) \_\_\_\_\_ Business Name \_\_\_\_\_

PLEASE CHECK BOX IF CONTRACTORS PHONE NUMBER, FAX NUMBER OR ADDRESS IS CHANGED SO OUR RECORDS CAN BE UPDATED.

Permit Number \_\_\_\_\_

Contractor (License Holder) \_\_\_\_\_ State Lic. NO.: \_\_\_\_\_

Company \_\_\_\_\_ Bus. Lic. NO.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Heating System	Code	BTU's	Tons	Gas CFH	Fans	Cost Per Item	Qty	Total
Up to 500,000 Per System (each)	A1					\$40.00		\$
Over 500,000 Per System (each)	A2					\$100.00		\$
Decorative Fireplace	A3					\$25.00		\$
<b>Cooling Systems</b>								
Up to 5 tons (each)	B1					\$40.00		\$
Over 5 tons (each)	B2					\$100.00		\$
<b>Gas Piping</b>								
Up to 1,000 CPH Per Motor	C1					\$40.00		\$
Over 1,000 CPH Per Motor	C2					\$100.00		\$
Cooking Appliances	C3					\$20.00		\$
<b>Ventilation</b>								
Bath Fans, Dryer Vents (Combined Total, Residential Only)	D1					\$30.00		\$
Commercial Parts (each) including Gree Fans &MUA	D2					\$50.00		\$
Commercial Bath fans and Dryer vents (each)	D3					\$10.00		\$
Grease Hoods	D4					\$50.00		\$
Duct alterations	E1					\$50.00		\$
Public Safety Inspections	F1					\$50.00		\$
Change of Contractor	F2	Org. HVAC Permit Number				\$50.00		\$
Reinspection Fee	RIF					\$50.00		\$
Other	Misc.					\$50.00		\$
Multi-Family (3 or more units) Per Apt or Condo (Everything but gas pipe included)	Multi.					\$100.00		\$

**\$100 MINIMUM FEE FOR ALL PERMITS : \$75 Base fee plus \$25 Technology Fee Total Fees: \_\_\_\_\_**

EQUIPMENT SCHEDULE

	Manufacturer	Model Number	Capacity
1			
2			
3			
4			

COMMENTS: \_\_\_\_\_

The above statements are true to the best of my knowledge, and I, the undersigned do hereby agree that I am responsible for this installation meeting all code requirements.

**Contractor's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL** CASHIER'S CHECK or MONEY ORDER ONLY TO: 55 Trinity Avenue, Suite 3800, Atlanta Georgia 30303

OR

**FAX** with CREDIT CARD FAX PAYMENT FORM TO FAX (404) 494-1873

Phone: (404) 865-8550

Inspector-Zone: \_\_\_\_\_

07/08 CColbert