



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

HVAC

(Heating / Ventilation / Air Conditioning)
PERMIT APPLICATION

PROJECT LOCATION:		SUBDIVISION:		LOT / UNIT NUMBER:	
PROPERTY OWNER:		PHONE:		EMAIL:	
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/ HEAT PUMP 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)	SEER/SEER2 RATING	HSPF2 RATING	OTHER INFORMATION/LOCATION OF EQUIPMENT (Heat Pump, Straight Cool, Heat Only, etc.)
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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)	SEER/SEER2 RATING	HSPF2 RATING	OTHER INFORMATION/LOCATION OF EQUIPMENT
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