



Peach County
 410 Old Macon Rd.
 Fort Valley, GA 31030
 inspectionsga@bureauveritas.com

HVAC/Fuel Gas Permit Application

- Residential
- Commercial
- Alteration/Repair

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS:

LOT/ SUITE #:

PROJECT NAME:

Property Use:

Zoning District:
 Map and Parcel:

Job Description: _____

Property Owner

Name:

Address:

State:
 Zip:

Phone:
 Email:

Trade Contractor

Name:

State License No.:

Address:

State:
 Zip:

Phone:
 Email:

Total Electric Total Gas Both Gas and Electric

Natural Gas **L.P.G**

Number of Tons: _____ Number of BTUs: _____

FURNACE MBTU _____

Heating and/or Cooling Units: _____

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 OFFICE USE ONLY

Accepted by:

Construction Type:

Occupancy:

Administrative Fee:

Plan Review Fee:

Permit Fee:

CC Fee:

Total Fee:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____