

City of Nicholson
 175 Lakeview Drive
 Nicholson, GA 30565

**HVAC/Fuel Gas
 Permit Application**

- Residential
- Commercial
- Alteration/Repair

Date: ____ / ____ / ____

Permit No. _____

ESTIMATED VALUE (Labor and Materials): \$ _____

JOB SITE ADDRESS: _____ **PROJECT NAME:** _____ **LOT/ SUITE #:** _____

Property Use:

Zoning Class.:

Job Description: _____

Property Owner	Name: _____		
	Address: _____	State: _____ Zip: _____	Phone: _____ Email: _____

Trade Contractor	Name: _____		State License No.: _____
	Address: _____	State: _____ Zip: _____	Phone: _____ Email: _____

<input type="checkbox"/> Total Electric <input type="checkbox"/> Total Gas <input type="checkbox"/> Both Gas and Electric Number of Tons: _____ Number of BTUs: _____ Heating and/or Cooling Units: _____ Supply and Return Drops: _____ Exhaust Fans: _____ Grease/Vent Hood: _____ Other: _____	<input type="checkbox"/> Natural Gas <input type="checkbox"/> L.P.G <input type="checkbox"/> FURNACE MBTU _____ <input type="checkbox"/> FIREPLACE MBTU _____ <input type="checkbox"/> OVEN/RANGE MBTU _____ <input type="checkbox"/> DRYER MBTU _____ <input type="checkbox"/> WATER HEATER MBTU _____
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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: _____

Date: _____

FOR OFFICE USE ONLY

Accepted by: _____

Construction Type: _____

Occupancy: _____

Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CC Fee: \$ _____	Total Fee: \$ _____
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