

Chief Executive Officer  
Lorraine Cochran-Johnson

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director  
Cedric Hudson

**MECHANICAL PERMIT APPLICATION**

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

<b>Shaded area for office use</b> Mechanical Permit Number	<b>Building Permit Number</b>	<b>Check Applicable Type:</b>
		<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential

<b>Job Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Building No.</b>	<b>Floor No.</b>	<b>Apt / Lot #</b>	<b>Unit / Suite #</b>	

<b>Check One:</b>			
<input type="checkbox"/> New (New Bldg.)	<input type="checkbox"/> Addition (Bldg. Enlargement)	<input type="checkbox"/> Expansion (To Exist. Sys.)	<input type="checkbox"/> Replacement
<input type="checkbox"/> Air Condition <input type="checkbox"/> Gas Forced Air <input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Vent Only	<input type="checkbox"/> Floor Furnace <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Space Heater <input type="checkbox"/> Steam & Hot Water	<input type="checkbox"/> Bath fan <input type="checkbox"/> Ventilation Fan <input type="checkbox"/> Range Hood <input type="checkbox"/> Fireplace	
<b>Net Load:</b>	<b>Heat Loss:</b>	<b>Heat Gain:</b>	

**DESCRIPTION OF WORK:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>BOILERS AND HEATING APPLIANCES (BTU Input)</b>		<b>VERTICAL GAS VENTS (BTU Input)</b>	
Up to 300,000	No. ____ X \$25.00 = _____	Up to 100,000	No. ____ X \$25.00 = _____
300,001 to above	No. ____ X \$35.00 = _____	100,001 and up	No. ____ X \$35.00 = _____
Decorative fire place	No. ____ X \$35.00 = _____	Clothes dryer vents	No. ____ X \$20.00 = _____

<b>A/C AND REFRIGERATION APPLIANCES (Tons)</b>		<b>OTHER</b>	
Up to 10	No. ____ X \$25.00 = _____	Fireplace lighters	No. ____ X \$25.00 = _____
11 to 30	No. ____ X \$35.00 = _____	Gas line (per connection)	No. ____ X \$25.00 = _____
31 to 100	No. ____ X \$40.00 = _____	Duct work installation (per system)	No. ____ X \$25.00 = _____
101 and up	No. ____ X \$60.00 = _____	Zone dampers	No. ____ X \$25.00 = _____
<b>NOTE: A/C package unit must include heat (2 x \$25).</b>		Fire suppression system	No. ____ X \$30.00 = _____
		Fire inspection	\$100.00= _____
		Fire review	\$100.00= _____
		Fire plan resubmittal	\$150.00= _____
		Safety inspection	No. ____ X \$75.00 = _____
		PIU/VAC	No. ____ X \$75.00 = _____

<b>RANGE HOODS (Face area or hood sq. ft.)</b>		<b>VENTILATION FANS (HP)</b>	
Residential Hood	No. ____ X \$20.00 = _____	Up to 1.5	No. ____ X \$25.00 = _____
Commercial Hood	No. ____ X \$50.00 = _____	1.5 to 10	No. ____ X \$30.00 = _____
<b>FIRE REVIEW FEES:</b> Attach County Review Application		11 to 20	No. ____ X \$35.00 = _____
		21 and up	No. ____ X \$40.00 = _____
		Residential vent fans	No. ____ X \$20.00 = _____
		<b>TOTAL=</b> _____	

\*\*\* List the names, model numbers, and ratings (BTU input, compressor HP, hood face area in sq. ft., fan motor HP) of all appliances indicated in this application (continued on page 2). \*\*\*

<b>Fee Schedule: MINIMUM FEE \$120. Additional \$200 for Fire Suppression Systems (Fire Review &amp; Inspection Fee)</b>	<b>TOTAL FEES</b> \$
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<b>MECHANICAL RE-INSPECTION FEES</b>	1 <sup>st</sup> Re-inspect \$25.00	2 <sup>nd</sup> Re-inspect \$50.00	3 <sup>rd</sup> Re-inspect \$100.00
<b>FIRE INSPECTOR RE-INSPECTION FEES</b>	1 <sup>st</sup> Re-inspect \$50.00	2 <sup>nd</sup> and over - \$100.00	

ALL APPLIANCES AND EQUIPMENT INDICATED IN THE FEE SCHEDULE OF THIS APPLICATION SHALL BE LISTED HERE AS FOLLOWS: (Attach additional sheet if necessary)

NAME

MODEL NUMBER

RATING

**BOILERS AND HEATING APPLIANCES**


**A/C AND REFRIGERATION**


**RANGE HOODS**


**VENTILATION FANS**


By signing this application, I certify that the design and installation meets the Georgia Uniform Codes Act, Mechanical Code, Fuel Gas Code, Energy Code and ACCA Manuals "D" & "J" for ductwork and sizing. Copies of RESCheck or COMCheck will be maintained for future reference or other approved sizing method. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of any building permit or certification issued as a result of this application. I understand that I must comply with all County ordinances and regulations.

Company:		Applicant:		Owner:		
Address:				Address:		
City:	State:	Zip	City:	State:	Zip	
Fax #:	Mobile #:		Fax #:	Mobile #:		
Email:			Email:			
State License #:	Business License #:		Signature of Homeowner:			
Signature of State Cardholder:						
Print Name:			Print Name:			

**NOTE: Copy of permit, drawings, plans and sketches to be posted at the jobsite.**