

**RESIDENTIAL HVAC PERMIT
PERMIT APPLICATION**

City of Temple

P.O. Box 160 Temple, GA 30179

(770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

BUILDING PERMIT # _____

Parcel Number _____

DATE _____

Street Address: _____

Mechanical Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

State Card Holder's Name: _____ State License # _____

GAS SYSTEM: () Atlanta Gas

() Propane

Job Type: () New () Addition () Remodel () Repair () Move () Demolition

ITEM	QTY
Furnace (0-100K BTU)	_____
Furnace (101-250K)	_____
Air Cond.	_____
0-2 Ton	_____
2 ½ - 5 Ton	_____
6-10 Ton	_____
11-25 Ton	_____
Over 25	_____
Heat Pump	_____
0-2 Ton	_____
2 ½ -5 Ton	_____
6-10 Ton	_____
Heat Strip	_____
0-10 KW	_____
11-30 KW	_____
Bathroom Exhaust	_____
Dryer Vent	_____
Gas Lines	_____
Minimum Permit Fee:	_____

TOTAL PERMIT COST: _____
(From Permit Calculator)

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All work shall conform to the latest edition of the Georgia State Code and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: _____ Signed: _____

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Office Use Only

Electrical Permit: () Paid Date: _____ Clerks Initials: _____
() Approved

() Denied Reason: _____

—————→ **This permit only valid with accompanying BUILDING PERMIT** ←————