

City Hall

City of Bogart

125 Main St.

(770) 725 - 7386



P.O. Box 206

(770) 725-5988 Fax

Bogart, GA 30622

**City of Bogart Residential and Commercial HVAC Permit Application**

**PERMIT FEE \$30**

**THIS PERMIT BECOMES NULL & VOID IF AUTHORIZED WORK OR CONSTRUCTION IS NOT STARTED WITHIN 6 MONTHS FROM THE ISSUED DATE OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.**

BUILDING PERMIT # FOR STRUCTURE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Work Performed on :**

Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_ Commercial \_\_\_\_\_ or

Making additions/alterations to: \_\_\_\_\_

Enter Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	

Type of Heating Fuel: (Check One)  Gas  Oil  Electric  Coal  Wood  
 Other \_\_\_\_\_

**For Residential Use-**

<b>TYPE OF UNIT:</b> _____	<b>SIZE OF UNIT:</b> _____
<b>TYPE OF FUEL:</b> NATURAL GAS ___ LPG ___ ELECTRIC _____	
<b>TYPE OF EQUIPMENT:</b> Central Heating & Air Unit ___ Heat Pump ___ Change out ___ Repair ___	
New ___ Other ___ Tonnage ___ Number of Units ___ <i>Appliances Located (Attic) Code sec. 306.3</i>	
<i>Appliances Located (Under Floor) Code sec. 306.4 Appliance Located (Sloped Roof) Code sec. 306.6</i>	

CONTRACTOR _____	MAILING ADDRESS _____
CITY _____	STATE _____ ZIP _____ PHONE _____ FAX _____
OCCUPATIONAL TAX NUMBER _____	STATE CERTIFICATE NUMBER _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and City of Bogart Codes and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of Contractor Date

**Note:** All inspections will be completed by Oconee County Inspections Officers for which a 24 hour notice must be given.

**For Office Use only:**

Date application filed: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Application: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

Permit # \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Issuing Permit per Inspectors approval Date: \_\_\_\_\_