

OGLETHORPE COUNTY MECHANICAL PERMIT

DATE

JOB ADDRESS			
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LEGAL DESCR.	MAP & PARCEL	LOT NUMBER	TRACT OR SUBDIVISION
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OWNER	MAIL ADDRESS	PHONE
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CONTRACTOR	MAIL ADDRESS	PHONE	CONTRACTOR ID NUMBER
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ARCHITECT OR DESIGNER, OR ENGINEER	MAIL ADDRESS	PHONE	REGISTRATION NO.
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USE OF BUILDING

CLASS OF WORK:	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR
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DESCRIBE WORK:

BUILDING PERMIT NUMBER:	TYPE OF FUEL: OIL <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> L.P.G. <input type="checkbox"/>
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SPECIAL CONDITIONS:	PERMIT FEES		
	No.	Type of Fixture or Item	Fee
		Air Cond. Units—Tonnage	\$
		Refrigeration Units	
		Boilers	
		Gas Fired A.C. Units-Tonnage	
		Forced Air Systems	
		Gravity Systems	
		Floor Furnaces	
		Wall Heaters	
		Unit Heaters	
		Evaporative Coolers	
		Clothes Dryers	
		Ventilation Fans	
		Range Hood	
		Air Handling Unit	
		Incinerator	
		Total Fee \$	

APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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 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 OR AUTHORIZED AGENT	DATE

SIGNATURE OF OWNER (IF OWNER BUILDER)	DATE

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH	PERMIT VALIDATION CK. M.O. CASH
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