

# APPLICATION FOR PLUMBING, HVAC AND GAS PERMIT

67 Athens Street,  
Jefferson, GA 30549

Jackson County Protective Inspections Divison

Phone: 706/367-6335  
Fax: 706/367-2578

Fill out the following information and turn in with all supplemental items requested by the Public Development Department. Any application that is found to be incomplete will not be issued a permit.

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Construction Site 911 Address: \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot #: \_\_\_\_\_ Map and Parcel #: \_\_\_\_\_

## PLUMBING

Contractor: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Business License #: \_\_\_\_\_ State License #: \_\_\_\_\_

TYPE WATER SERVICE: PUBLIC:  SIZE: \_\_\_\_\_ OTHER: \_\_\_\_\_

PRIVATE:  SIZE: \_\_\_\_\_ SEPTIC TANK: \_\_\_\_\_ OTHER: \_\_\_\_\_

CHECK IF APPLICABLE: PLUMBING  FIRE SUPPRESSING

### Number Of:

Toilets: \_\_\_\_\_ Bathroom Sinks: \_\_\_\_\_ Separate Showers: \_\_\_\_\_ Bath Tubs & Tub/Shower Combo: \_\_\_\_\_

Kitchen Sinks: \_\_\_\_\_ Water Heater: \_\_\_\_\_ Dishwasher: \_\_\_\_\_ Washer: \_\_\_\_\_

Laundry Sink: \_\_\_\_\_ Hose Bib: \_\_\_\_\_ Other Fixtures If Any: \_\_\_\_\_

## HVAC

Contractor: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Business License #: \_\_\_\_\_ State License #: \_\_\_\_\_

Total Electric: \_\_\_\_\_ Total Gas: \_\_\_\_\_ Both Gas and Electric: \_\_\_\_\_ How Many Tons: \_\_\_\_\_ How Many BTU's: \_\_\_\_\_

	NO.
Commercial and Residential Units	
(a) Heating and / or Cooling Units	
Commercial and Residential	
No. of supply and Return drops	
(b) Other (Check if applicable)	

	NO.
1 Refrigeration	
2 Exhaust Fans	
3 Grease / Vent Hood	
4 Incinerator	
(c) Repair or Replacement	

Describe Work: \_\_\_\_\_

## GAS

Contractor: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Business License #: \_\_\_\_\_ State License #: \_\_\_\_\_

DESCRIBE WORK: \_\_\_\_\_

TYPE FUEL  NATURAL GAS  L. P. G. Service Provider: \_\_\_\_\_

NO.	TYPE OF EQUIPMENT	MBTU
	Furnace	
	Fireplace	
	Cook Range	

NO.	TYPE OF EQUIPMENT	MBTU
	Dryer	
	Water Heater	
	Bake Oven	

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK MEETS ALL CODES AND ORDINANCES OF JACKSON COUNTY.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Zoning: _____	
Building Inspector Approval: _____	Date: _____
<input type="checkbox"/> DENIAL OF APPLICATION	<input type="checkbox"/> INCOMPLETE
Reason: _____	Date: _____ By: _____