

APPLICATION FOR PLUMBING, HVAC AND GAS PERMIT

67 Athens Street,
Jefferson, GA 30549

Jackson County Protective Inspections Division

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: _____

FOR OFFICE USE ONLY: Zoning: _____

Building Inspector Approval: _____ Date: _____

DENIAL OF APPLICATION INCOMPLETE Date: _____ By: _____

Reason: _____