



CITY OF JONESBORO
 124 NORTH AVENUE • JONESBORO, GA. 30236
 770-478-3800 • FAX 770-478-3775

DATE _____
 PERMIT NO. _____
 BLDG PERMIT NO. _____

Application for HVAC Permit

Owner _____
 Address of Job _____
 City _____ State _____ Zip _____
 HVAC Contractor _____
 Address _____
 City _____ State _____ Zip _____
 Telephone () _____
 This is to certify that I will supervise this installation.
 Master _____
 Print Name _____

Subdivision or Name _____
 Lot No. _____ Block No. _____
 General Contractor _____
 Company Address _____
 City _____ State _____ Zip _____
 Telephone () _____
 State Card No. _____
 Class I Class II
 Bus Lic No. _____ City/County _____

Minimum Permit Fee - \$50.00

Permit must be obtained before job is started and all permitted, or fees shall be doubled.

RESIDENTIAL CONSTRUCTION

****NOTE**** Electric heat is permitted by electrical contractor by KW's.

New
 Heated square foot area _____ x .035 = _____

(Replacement/Addition)

Qty	Fee	Description	Total	Qty	Fee	Description	Total
_____	26.25	Fireplace-Prefab	_____	_____	17.50	Furnace	_____
_____	1.75	Bath Fan	_____	_____	26.25	Replacement Furnace	_____
_____	3.75	Gas Line	_____	_____	1.75	Vent-a-hood	_____
_____	7.00	Air conditioning (per ton or portion)	_____	_____	8.75	Incinerator	_____

COMMERCIAL CONSTRUCTION

NEW / ADDITIONS / REPLACEMENTS

Heating System/Furnace

Qty	Fee	Description	Total
_____	7.00	BTU input, per 50,000 BTU or portion	_____

Other

Qty	Fee	Description	Total
_____	7.00	Exhaust Fan, per 1,000 CFM	_____
_____	7.00	Grease Hoods, per 1,000 CFM	_____
_____	1.75	Bath Fans	_____
_____	26.25	Incinerator	_____
_____	.175	Gas Line, per linear foot	_____

Air Conditioning

Qty	Fee	Description	Total
_____	7.00	First 20 tons --per ton or portion	_____
_____	1.75	20½ tons and over per ton	_____

Solar Systems

Qty	Fee	Description	Total
_____	3.50	Solar Collectors, per panel	_____
_____	17.50	Solar Tanks, per tank	_____

TOTAL PERMIT FEE \$ _____

DO NOT COMPLETE THE FOLLOWING for office use only Temp#

Approved By _____ Input By: _____ Issued By: _____ Date: _____

Permit Cost: _____ Payment Amt. _____ Payment Type: Cash Check Credit Card # _____

Original- File Yellow- Inspector Pink-Inspector Gold- Applicant