

GAS PERMIT APPLICATION

EMAIL ADDRESS

accbuild@accgov.com

ATHENS-CLARKE COUNTY INSPECTION DEPARTMENT

PHONE: (706) 613-3520

FAX: (706) 613-3527

STREET ADDRESS

120 W. Dougherty Street

Athens, GA 30601

STREET ADDRESS: _____ SUBDIVISION: _____

BLDG/TENANT SPACE#: _____ TAX MAP: _____ BLOCK: _____ LOT: _____

ZONE _____ EXISTING BLDG? Y N PRESENT USE: _____

OWNER: _____ ADDRESS: _____

WORK PERFORMED ON: SINGLE FAMILY DUPLEX APTS CONDO COMMERCIAL

CLASS A HOME MAKE ADDITIONS/ALTERATIONS TO: _____

**WORK MUST COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND NOT BE
ABANDONED IN EXCESS OF 6 MONTHS OR PERMIT WILL BECOME VOID.**

DESCRIBE WORK: _____

TYPE FUEL NATURAL GAS L.P.G.

NO.	TYPE OF EQUIPMENT	MBTU	NO.	TYPE OF EQUIPMENT	MBTU
	Central Heating Plant (Steam)			Hot Plate	
	(Hot Water)			Automatic Controls	
	(Warm Air)			Dryer	
	Conversion Burner			Water Heater	
	Floor Furnace			Bake Oven	
	Wall Heater			Refrigerator	
	Circulator			Steam Radiators	
	Space Heater				
	Unit Heater				
	Cook Range				

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

CONTRACTOR _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ DATE _____
 BUSINESS LICENSE NO. _____
 STATE LICENSE NO. _____

SHADED AREAS FOR OFFICE USE ONLY

Minimum Fee \$80.00 x No. of Units _____ = _____

OF OUTLETS _____ x \$2 = _____

PERMIT TOTAL _____ = \$ _____

APPLICANT NAME _____
 (PRINT)

APPLICANT SIGNATURE _____ DATE _____

APPLICATION DATE _____ PERMIT NO. _____ FEE _____
 APPLICATION APPROVED _____ DENIED _____ DATE _____