APPLICATION FOR HVAC PERMIT

CITY OF DULUTH
DEPARTMENT OF PLANNING & DEVELOPMENT
3167 Main Street, Duluth, Georgia 30096
Office: 770-476-1790 Inspection Request Line: 770-497-5333

Permit Fee: **$60.00** Permit No: _____

Occupational Tax ID: _____ Expiration Date: _____
(must attach copy with each permit)

Job Site: _____

Lot No./Suite: _____ Project Name: _____

Mechanical Contractor: _____

Contractor's Address: _____

City, State, Zip: _____

Contractor's Phone No.: _____ Email Address: _____

I HEREBY MAKE AN APPLICATION TO: ☐ **INSTALL** ☐ **REPLACE** ☐ **REPAIR**
THE FOLLOWING EQUIPMENT:

No. of Heating Units: _____ Names: _____ Model: _____

Names: _____ Model: _____

No. Refrigeration Units: _____ Names: _____ Model: _____

No. of Fans: _____ H.P. _____ Name: _____ Model: _____

No grease hoods _____ Square Feet _____ CMF required: _____

Size of Vent: _____ 1500 FPM minimum velocity

Gas pipe # _____ Total BTU of concealed pipe: _____

Number of manufactured fireplace vents: _____

Other: _____

_____

NOTE: Fire safety must be maintained at all times. Use fire dampers in fire rated partitions.

I certify that I am the person performing the work listed on this application. All information is accurate to the best of my knowledge. I understand that I must meet all code requirements as set forth in the Duluth Building Code.

_____ _____
Contractor's Signature Print Name

State License No.: _____ Expiration Date: _____
(must attach copy with each permit)

Permit Issued by: _____ Date: _____

Revised 6-7-11