

**HVAC PERMIT  
PERMIT APPLICATION**

City of Temple  
P.O. Box 160 Temple, GA 30179  
(770) 562-3369 FAX (770) 562-9440

**Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)**

Land Map Number \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_

Parcel Number \_\_\_\_\_

DATE \_\_\_\_\_

Street Address: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

State Card Holder's Name: \_\_\_\_\_ State License # \_\_\_\_\_

**GAS SYSTEM:** ( ) Atlanta Gas ( ) Propane  
**Job Type:** ( ) New ( ) Addition ( ) Remodel ( ) Repair ( ) Move ( ) Demolition

ITEM	QTY
Furnace (0-100K BTU)	_____
Furnace (101-250K)	_____
Air Cond.	_____
0-2 Ton	_____
2 ½ - 5 Ton	_____
6-10 Ton	_____
11-25 Ton	_____
Over 25	_____
Heat Pump	_____
0-2 Ton	_____
2 ½ - 5 Ton	_____
6-10 Ton	_____
Heat Strip	_____
0-10 KW	_____
11-30 KW	_____
Bathroom Exhaust	_____
Dryer Vent	_____
Gas Lines	_____
Minimum Permit Fee:	_____

**TOTAL PERMIT COST:** \_\_\_\_\_  
(From Permit Calculator)

.....  
All work shall conform to the latest edition of the Georgia State Code and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

.....  
**Office Use Only**

Electrical Permit: ( ) Paid Date: \_\_\_\_\_ Clerks Initials: \_\_\_\_\_  
( ) Approved

( ) Denied Reason: \_\_\_\_\_

—————→ **This permit only valid with accompanying BUILDING PERMIT** ←————