



FAIRBURN CITY HALL
 56 MALONE ST
 FAIRBURN, GA 30213
 (770)964-2244
 Fax (770)306-6919

Permit # _____
 Date: _____

HVAC PERMIT APPLICATION

Notice: This form must be completed, signed and submitted before work may commence.

Property Address: _____

Property Owner: _____

HVAC Contractor: _____ Master License # _____

Address of Contractor: _____ Telephone #: _____

Heating Units		Refrig/AC Units	
# of Units		# of Units	
Name		Name	
Model #		Model #	
BTU		Tons	
Heat Loss		Heat Gain	
CFM		CFM	
Fans		Grease Hoods	
# of Units		# of Units	
H.P.		Sq. Feet	
CFM		Size of Vent	
		CFM Required	
Gas Pipe		Gas Range Outlets	
# of Units		# of Outlets	
Total BTU of Pipe:			

Briefly Summarize the Job: _____

(Estimated Job Cost) _____ (Permit Fee) _____

Signature of Applicant: _____ Date: _____

For all inspections call (770) 964-2244 ext 401. Inspections will be performed within 24 hours of request, excluding weekends and holidays. Re-inspection fees: \$50.00/100.00/150.00. Late permits subject to increased fees.