

**PUTNAM COUNTY PLANNING & DEVELOPMENT** 

117 Putnam Drive, Suite B & Eatonton, GA 31024

Tel: 706-485-2776 ◊ 706-485-0552 fax ◊ www.putnamcountyga.com

### **Mechanical Permit Application**

Complete application packets may be submitted to Pdsubmittals@putnamcountyga.us INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Owner Information		Permit# 202-		
Name:		Phone:		
Address:				
City:	State:	Zip Code:		
Contact:	Phone:	Email:		

### **Project Location**

Name:		Tax Map & Parcel:	
Address:			
City:	State:	Zip Code:	
Contact:	Phone:	Email:	

### **Contractor Information**

Name:		Phone:	
Address:			
City:	State:	Zip Code:	
Contact:	Phone:	Email:	
Georgia License #:	(Provide Copy)	Expira	tion Date:
Occupational Tax #:	(Provide Copy)	Issuin	g Jurisdiction:

All contractors must provide a copy of state contractor's license and occupational tax certificate.



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# **Project Information**

Total cost of construction: (Check all that Apply)  • Grease Hood must be permitted separately									
Occupancy Class	• 							Fu	el Type
□ Agricultural			onstruction TypeHeating System TypeQuality Accessory □ Split System				pe	□ Electric	
$\Box$ Assembly		~ •	1100055019	-	-	plit Systen	n	$\Box$ Fuel	
$\square$ Business			Only						
□ Educational	<ul> <li>Duct Work Only</li> <li>Exhaust System</li> </ul>			□ Hybrid Heat Split System □ Geothermal			$\Box$ Propane		
🗆 High Hazard	$\Box$ Gas Installation			□ Packaged System			$\Box$ Solar		
🗆 Industrial	□ Grease Hood*				$\Box$ Radiant Heat				
Institutional	$\square$ New Installation			Steam Radiant					
Mercantile	🗆 Rej	olacemen	nt	□ Other					
Residential		ntilation	System						
Utility/Miscellaneous									
Vent	lation					Heating			
Туре		Quantit	y CFM	Unit	Tons	Fan CFM	Heat S	trip KW	BTU's
Commercial Kitchen Exhan	ıst			1					
Domestic Kitchen Exhaust				2					
Dryer Exhaust	Dryer Exhaust			3					
Dust Conveying System				4					
Energy Recovery System				5					
Exhaust Fans				6					
Hazardous Exhaust System				7					
Smoke Control System				8					
Gas					Per	rmit F	ee		
Appliance		Outlets	Total BTU's	Total					
Boiler		ounces	I otur DI C 5				Total		
Clothes Dryer				Heat/Cool:Gas:					
Cooking Appliance				Ventilation:					
Fire Logs				- 					
Heating Equipment				— Total:					
Incinerator or Crematory									
Gas Fired Machinery									
Other Gas Fired Appliance									
Pool or Spa Heater									
Sauna Heater									
Water Heater									



Work must be commenced within 6 months of insurance and not be abandoned in excess of 6 months. If plans are altered or additional work is done, an amended permit must be purchased.

### **Read Before Signing**

I hereby certify that all information in this application is correct and all work will comply with the all the codes adopted by the State of Georgia and Putnam County, and all applicable Federal, State and Local Laws, Ordinances and Regulations. The Putnam County Planning & Development Office will be notified and receive any changes to the approved plans and specifications for said permit.

Applicant:	$\Box$ Owner $\Box$ Arch	itect/Engineer	□ Other:		
		Da	ite:		
Fees:	Check#:	Office Use Only Credit Card:	Cash:		
			Date:		
	lechanical Permit				
Heating & Coc	bling	\$30.00 per ton for new con	\$30.00 per ton for new construction \$45.00 for system replacement		
Gas		\$35.00 for 1-5 outlets \$5 fo	\$35.00 for 1-5 outlets \$5 for each additional outlet		
Ventilation		\$40.00 per system	\$40.00 per system		
Modular Fee			\$30 per ton of air conditional equipment and 20,000 BTU of heat equipment (\$400.00		



## State Licensing Board for Residential and General Contractors

The Authorized Permit Agent form may be used by a licensed contractor to designate an individual to obtain permit(s) on his/her behalf for a project(s). The contractor should submit an Authorized Permit Agent Form for each project that he/she designates an individual to pull permits for. The form is to be given to the permit office in the city or county in which the project is located. Do not send a copy of this form to the Board office unless you are requested to do so.



## State Licensing Board for Residential and General Contractors

**Authorized Permit Agent Form** 

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor:Individual	Qualifyin	ng Agent
Name of licensed person	pany License (Reflects company and qu	alifying agent license number)
License number of individual or qualify	ing agent:	
Name of licensed company (if applicabl	)	
License number of company (if applica	le):	
I, Licensed Individual or Qualifying Agent	, hereby designa	te
*Please attach a copy of the authorized permit age	to apply for and to apply for and to apply for and	d obtain the permit(s) for the
project at:		
Street address		
Apartment or Suite Number		
City	Zip Code	
I, the undersigned, being the contractor as swear, under oath, that all information on	1 0	
Signature of individual or qualifying agen		
State of	County of	
Subscribed and sworn to before me this	day of	_20_
Signature of Notary Public		(Seal)