



**City of Chamblee, Georgia
Permits & Inspections
770-986-5010**

Check Applicable Type:

Residential Non-Residential

Mechanical Permit Application

Date: _____

(Shaded area for office use only)

Mechanical Permit #	Date Permit Issued:
Permit Issued By:	Building Permit #:

Job Address		City	State	Zip
Building #	Floor #	Apt/Lot #	Unit/Suite #	

Property/Building Owner (of Job Address)			Company Name (licensed sub-contractor)		
Address			Address		
City	State	Zip	City	State	Zip
Tel #	Mobile #		Tel #	Mobile #	
Fax #	E-Mail		Fax #	E-Mail	

Tenant/Business Name (for Commercial Business)		Check One:	
Contact Person:		<input type="checkbox"/> New Building <input type="checkbox"/> Bldg Enlargement <input type="checkbox"/> Expansion of existing system <input type="checkbox"/> Replacement	
Phone #:		*If not part of a building permit, attach a separate sheet with details on all fans, appliances and systems.	

Fee Schedule:

<p>Boilers and Heating Appliances (BTU Input)</p> <p>Up to 300,000 No. _____ x \$15.00 = _____</p> <p>300,001 to 1,000,000 No. _____ x \$25.00 = _____</p> <p>1,00,001 and up No. _____ x \$30.00 = _____</p> <p>A/C, Heat Pumps, Refrigeration (Comp. HP)</p> <p>Up to 10 No. _____ x \$15.00 = _____</p> <p>11 to 30 No. _____ x \$25.00 = _____</p> <p>31 to 100 No. _____ x \$30.00 = _____</p> <p>101 and up No. _____ x \$50.00 = _____</p> <p>Range Hoods (Face area or hood sq. ft.)</p> <p>Up to 10 No. _____ x \$15.00 = _____</p> <p>11 to 25 No. _____ x \$20.00 = _____</p> <p>26 to 100 No. _____ x \$25.00 = _____</p> <p>101 and up No. _____ x \$30.00 = _____</p> <p>Residential Hoods No. _____ x \$10.00 = _____</p> <p>Ventilation Fans (Motor HP)</p> <p>Up to 1.5 No. _____ x \$15.00 = _____</p> <p>1.5 to 10 No. _____ x \$20.00 = _____</p> <p>11 to 20 No. _____ x \$25.00 = _____</p> <p>21 and up No. _____ x \$25.00 = _____</p> <p>Residential Vent Fans No. _____ x \$10.00 = _____</p>	<p>Vertical Gas Vents (BTU Input)</p> <p>Up to 100,00 No. _____ x \$15.00 = _____</p> <p>100,001 and up No. _____ x \$25.00 = _____</p> <p>Clothes Dryer Vents No. _____ x \$10.00 = _____</p> <p>Other</p> <p>Fireplace Lighters No. _____ x \$10.00 = _____</p> <p>Gas Line (per connection) No. _____ x \$25.00 = _____</p> <p>Duct Work Installed No. _____ x \$10.00 = _____</p> <p>(No charge if installed with a permitted system)</p> <p>Zone Dampers No. _____ x \$10.00 = _____</p> <p>Vented Wall Units No. _____ x \$ 5.00 = _____</p> <p>Fire Suppression System No. _____ x \$50.00 = _____</p> <p>(Plans to be approved by DeKalb County Fire Marshall prior to permitting)</p> <p align="right">Flat Fee: \$80.00</p> <div style="border: 2px solid black; width: 50px; height: 30px; margin: 10px auto; text-align: center; font-size: 24px; font-weight: bold;">\$</div> <p>Payment: Ck #: _____ Cash: _____ Credit: _____</p>
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STATE CARDHOLDER:		QUALIFICATIONS CURRENTLY HELD	
Name (print):		<input type="checkbox"/> CLASS I - RESTRICTED	<input type="checkbox"/> CLASS II - NON-RESTRICTED
Project Contact:		State Card #:	
Tel #:		Current Business License #:	
Fax #:	Mobile #:	E-Mail:	

This is to certify that I will personally supervise this installation.
 Signature of State Card Holder: _____

Signature of Homeowner: _____
 (sign only if the work is being performed by the homeowner)

Fee Schedule (Continued)

IMPORTANT!! List the names, model numbers, and ratings (BTU input, compressor HP, hood face area in sq. ft., fan motor HP) of all appliances indicated in this application.

ALL APPLIANCES AND EQUIPMENT INDICATED IN THE FEE SCHEDULE OF THIS APPLICATION SHALL BE LISTED HERE AS FOLLOWS:

(Attach additional sheet if necessary)

NOTE: Copy of permit, drawings, plans and sketches to be posted at the jobsite.

By signing this application above, I certify that the design and installation meets the Georgia Uniform Codes Act, Mechanical Code, Fuel Gas Code, Energy Code and ACCA Manuals "D" & "J" for ductwork and sizing. Copies of RESCheck or COM/Check will be maintained for future reference or other approved sizing method. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of any building permit or certification issued as a result of this application. I understand that I must comply with all applicable state, county and city ordinances and regulations.

<input type="checkbox"/> Air Condition <input type="checkbox"/> Gas Forced Air <input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Vent Only	<input type="checkbox"/> Floor Furnace <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Space Heater <input type="checkbox"/> Steam & Hot Water	<input type="checkbox"/> Bath Fan <input type="checkbox"/> Ventilation Fan <input type="checkbox"/> Range Hood
Net Load:	Heat Loss:	Heat Gain:

NAME

MODEL NUMBER

RATING

BOILERS AND HEATING APPLIANCES

A/C AND REFRIGERATION

RANGE HOODS

VENTILATION FANS
