



City of McDonough
Community Development
136 Keys Ferry Street, 3rd Floor
McDonough, GA 30253
Phone (678) 432-4622
Fax (678) 432-4665

MINIMUM PERMIT FEE

\$75.00

RESIDENTIAL
 COMMERCIAL
 OTHER

PERMIT NO: _____

**APPLICATION FOR
HVAC PERMIT**

DATE: _____

FORM OF PAYMENT: _____

Penalty Fees will be assessed on any work
performed prior to obtaining permit(s)

ADDRESS OF JOB:

CONTRACTOR: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
Email: _____

BUILDER/OWNER: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

TYPE OF
SYSTEM(S)
Mark all systems
that apply:

	Gas Forced Air		Elect Forced Air		Vent Only
	Air Condition		Steam & Hot Water		Bath Fan
	Floor Furnace		Ventilation Fan		Range/Grease Hood
	Space Heater		Wall Furnace		

NAME AND MODEL NUMBER OF HEATING UNITS:

Mark number of Units in each BTU range: INPUT	50,000	80,000	110,000	135,000	175,000
	60,000	85,000	112,000	140,000	180,000
	65,000	90,000	120,000	145,000	200,000
	70,000	100,000	125,000	150,000	
	75,000	105,000	130,000	160,000	

NAME AND MODEL NUMBER OF CONDITIONING UNITS:

Mark number of Units in each tonnage range: INPUT	1	4	15	40	100
	1½	5	20	50	
	2	7½	25	60	
	3	10	30	75	

VENTILATION FAN AND/OR EXHAUST FAN UNITS: \$7.00 per 1000 CFM

Name and Model of Unit	Number of Units	Total of CFM's

RANGE/GREASE HOODS: \$7.00 per 1000 CFM

Name and Model of Unit	Number of Units	Total of CFM's

CLASSIFICATION	NO.	Fee	AMOUNT
BATH FAN		\$2.00 ea	

GAS LINE (\$0.18 per linear foot) Total Ft. _____ Amount: _____

This is to certify that I will personally supervise this installation.

SIGNATURE OF CARD HOLDER _____ PLEASE PRINT NAME _____
BUSINESS LICENSE NO: _____ STATE LICENSE NO: _____

COST OF PERMIT: \$_____

PERMIT ISSUED BY: _____