



Greene County
HVAC
PERMIT
Application

BUILDING, PLANNING & ZONING
706-453-3333
fax 706-453-2579
1034 Silver Dr
Suite 103
M-F 8am-5pm

OFFICE USE ONLY

PERMIT NUMBER _____ DATE _____
PERMIT FEE _____

PROPERTY INFORMATION

ADDRESS OF PROJECT _____
CITY/STATE _____ ZIP _____
SUBDIVISION _____ LOT # _____ PARCEL _____

PROPERTY OWNER INFORMATION

OWNER _____
ADDRESS _____ CITY/STATE _____ ZIP _____
PHONE _____ EMAIL _____

CONTRACTOR INFORMATION

NAME OF CONTRACTOR _____
MAIN CONTACT _____
ADDRESS _____ CITY/STATE _____ ZIP _____
GA. STATE CERTIFICATION # _____
LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE # _____
EMAIL _____ PHONE _____

WORK PERFORMED:

- New service
- Replacement

Number of air conditioner units:
Number of furnace units:
Number of heat pump units:

- Gas line
- Pressure check for gas meter replacement

Fee: \$50

Print name: _____

Signature of applicant: _____