

EMAIL ADDRESS
accbuild@accgov.com

GAS PERMIT APPLICATION

ATHENS-CLARKE COUNTY INSPECTION DEPARTMENT
PHONE: (706) 613-3520

FAX: (706) 613-3527

STREET ADDRESS
120 W. Dougherty Street
Athens, GA 30601

STREET ADDRESS: _____ SUBDIVISION: _____

BLDG/TENANT SPACE#: _____ TAX MAP: _____ BLOCK: _____ LOT: _____

ZONE _____ EXISTING BLDG? Y N PRESENT USE: _____

OWNER: _____ ADDRESS: _____

WORK PERFORMED ON: SINGLE FAMILY DUPLEX APTS CONDO COMMERCIAL

CLASS A HOME MAKE ADDITIONS/ALTERATIONS TO: _____

**WORK MUST COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND NOT BE
ABANDONED IN EXCESS OF 6 MONTHS OR PERMIT WILL BECOME VOID.**

DESCRIBE WORK: _____

TYPE FUEL NATURAL GAS L.P.G.

NO.	TYPE OF EQUIPMENT	MBTU
	Central Heating Plant (Steam)	
	(Hot Water)	
	(Warm Air)	
	Conversion Burner	
	Floor Furnace	
	Wall Heater	
	Circulator	
	Space Heater	
	Unit Heater	
	Cook Range	

NO.	TYPE OF EQUIPMENT	MBTU
	Hot Plate	
	Automatic Controls	
	Dryer	
	Water Heater	
	Bake Oven	
	Refrigerator	
	Steam Radiators	

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK
MEETS ALL CODES AND ORDINANCES OF ATHENS-CLARKE COUNTY.

CONTRACTOR _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DAT _____

BUSINESS LICENSE NO. _____

STATE LICENSE NO. _____

SHADED AREAS FOR OFFICE USE ONLY	
Minimum Fee \$80.00 x No. of Units _____ = _____	
# OF OUTLETS _____ x \$2 = _____	
PERMIT TOTAL _____ = \$ _____	

APPLICANT NAME _____
(PRINT)

APPLICANT SIGNATURE _____ DATE _____

APPLICATION DATE _____	PERMIT NO. _____	FEE _____
APPLICATION APPROVED _____	DENIED _____	DATE _____