

GRADY COUNTY CODE ENFORCEMENT – 250 N. BROAD ST. – BOX 6 – CAIRO, GA 39828
 PHONE # 229/377-8857 – FAX # 229/377-6947

CK # _____

REC # _____

MECHANICAL PERMIT

Master Permit # _____

Applicant to complete numbered spaces only.

Job Site Address:

1. Legal Descr.	Land Lot	Land Dist.	Tax Map	Tax Parcel	Lot No.
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2. Owner	Mail Address	Zip	Phone
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3. Contractor	Mail Address	Phone	Registration No.
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4. Architect or Engineer	Mail Address	Phone	Registration No.
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5. Subdivision	Land Owner
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6. Use of Building	Permit Type	Report Code
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7. Class of work:	New	Addition	Alteration	Repair	Replacement	Wiring of unit:	yes	or	no
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8. Describe work:

Type of Fuel:	Oil <input type="checkbox"/>	Nat. Gas <input type="checkbox"/>	L.P.G. <input type="checkbox"/>
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SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY: _____ PLANS CHECKED BY: _____ APPROVED FOR ISSUANCE BY: _____

PERMIT FEES

No.	Type of Fixture or Item	Fee
	Air Cond. Units-H.P. Ea. Ton:	\$
	Refrigeration Units-H.P. Ea.	
	Bollers-H.P. Ea. B.T.U.	
	Gas Fired A.C. Units-Tonnage Ea.	
	Forced Air Systems-B.T.U. M Ea.	
	Gravity Systems-B.T.U. M Ea.	
	Floor Furnaces-B.T.U. M	
	Wall Heaters-B.T.U. M	
	Unit Heaters-B.T.U. M	
	Evaporative Coolers	
	Clothes Dryers	
	Ventilation Fan	
	Range Hood	
	Air Handling Unit - C.F.M.	
	Inclinerator	
	M H Wiring	17.00
	Package or Split	
	PERMIT ISSUING FEE	\$ 25.00
	TOTAL FEE	\$

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE) _____

SIGNATURE OF OWNER (IF OWNER BUILDER) _____ (DATE) _____

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH