

City of Lexington P.O. Box 35 Lexington, GA 30648			HVAC/Fuel Gas Permit Application	
☐ Residential ☐ Commercial ☐ Alteration/Repair	Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____			
JOB SITE ADDRESS: _____ PROJECT NAME: _____ LOT/ SUITE #: _____				
Property Use:			Zoning Class.: _____ Map & Parcel: _____	
Job Description: _____ _____				
Property Owner	Name: _____			
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
Trade Contractor	Name: _____		State License No.: _____	
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
☐ Total Electric ☐ Total Gas ☐ Both Gas and Electric Number of Tons: _____ Number of BTUs: _____ Heating and/or Cooling Units: _____ Supply and Return Drops: _____ Exhaust Fans: _____ Grease/Vent Hood: _____ Other: _____			☐ Natural Gas ☐ L.P.G ☐ FURNACE MBTU _____ ☐ FIREPLACE MBTU _____ ☐ OVEN/RANGE MBTU _____ ☐ DRYER MBTU _____ ☐ WATER HEATER MBTU _____	
SERVICE PROVIDER: _____				
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.				
Signature of Licensed Cardholder: _____			Date: _____	
FOR OFFICE USE ONLY			Accepted by: _____	
Construction Type: _____			Occupancy: _____	
Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CC Fee: \$ _____	Total Fee: \$ _____