

HVAC / Mechanical Permit

City of Rincon, Georgia Planning and Development Services Phone: (912) 826-5996 / Fax: (912) 826-2083 www.citvofrincon.com

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Applicant to complete all that apply.		Date:	
1. Job Address		2. Parcel and Lot #	
3. Owner M	ailing Address	Phone	Email Address
4. HVAC / Mechanical Contractor	Mailing Address	Phone	Email Address
5. Type of work: 🗆 New 🛛 Addi	tion CRenovation R	epair	
6. Describe Work:			
Project Square footage:	Total	Valuation of project	:
<u>Required</u> :		10	
Copy of HVAC's / Mechan	ical <u>TRADE</u> license.		
Copy of HVAC's / Mechan			
 Copy of building layout, if HVAC / Mechanical AND 		MUST sign this app	lication.
THIS PERMIT BECOMES NULL AND VOID I IF CONSTRUCTION OR WORK IS SUSP	NOTICE F WORK OR CONSTRUCTION AUT	THORIZED IS NOT COMME	NCED WITHIN 12 MONTHS, OR
I hereby certify that I have read and examined this type of work will be complied with whether sp provisions of any othe		ermit does not presume to give a	authority to violate or cancel the
Certified HVAC / Mechanical Sig	nature:		
Home Owner / Owner Signature	:		
Approved By:	Date Approved:		

Planning and Development Inspector