



4040 S. Berkeley Lake Road, NW • Berkeley Lake, Georgia • 30096-3016

Phone 770-368-9484 • Fax 770-368-8810

[www.berkeley-lake.com](http://www.berkeley-lake.com)

[inspector@berkeley-lake.com](mailto:inspector@berkeley-lake.com)

**APPLICATION FOR HEATING & AIR CONDITIONING PERMIT**

**Permit for: (Please check all that apply):**

New Installation      Replacement      Repair      Residential      Commercial

**Address of Job** \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

**Contractor's Name** \_\_\_\_\_ **Cell** \_\_\_\_\_

State Card Number \_\_\_\_\_ Classification \_\_\_\_\_

Occupational Tax Certificate # \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Business License #)

*Please supply a copy of your current state card, Occupational Tax Certificate & Photo ID along with this form*

**Company Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

**Work to be performed: (Please check and include number of each)**

1. # of heating Units: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
BTU: \_\_\_\_\_ Heat Loss: \_\_\_\_\_ CFM: \_\_\_\_\_

Note: Minimum four (4) air changes per hour for warm air systems required. All AGA approved equipment use type B or C flues. All other use type A flues.

2. # of refrigeration units \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Tons: \_\_\_\_\_ Heat Loss: \_\_\_\_\_ CFM: \_\_\_\_\_ Static Ext Coils \_\_\_\_\_

3. # of grease hoods: \_\_\_\_\_ Square Feet \_\_\_\_\_ CMF Required \_\_\_\_\_  
\*Permit must be accompanied by plans for any grease hood stamped by the Gwinnett County Fire Marshal. Fire inspection required.

4. Gas Pipe \_\_\_\_\_ Total BTU of concealed pipe \_\_\_\_\_

5. # of manufactured Fireplace vents \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

6. Other (please specify) \_\_\_\_\_

**Total Permit fee: \$ \_\_\_\_\_** Make check payable to city of Berkeley Lake. **Minimum Permit fee is \$50**

In filing this affidavit, I hereby certify that I am experienced in the classification above and am either familiar with, or will become familiar with all the requirements and will abide by all the rules and regulations set forth by the City of Berkeley Lake. A permit shall be secured prior to the commencement of any tear out work. Upon completion please email [inspector@berkeley-lake.com](mailto:inspector@berkeley-lake.com) to arrange for inspection. I certify that all of the above statements are true and that all work performed shall meet national, State and local code requirements. Fire safety must be maintained at all times. Paid permit application shall serve as City of Berkeley Lake Heating and Air Conditioning Permit.

Applicant's Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

| For City Use                        |                     |
|-------------------------------------|---------------------|
| Permit # _____ Check # _____        | Account 100.32.2000 |
| Issued by _____ Date ____/____/____ | Permit \$ _____     |