

## **Application for HVAC permit**

**McIntosh County Building & Zoning**  
912-437-6603  
**P.O. Box 2694**  
100 Madison Street  
**Darien, GA 31305**



Date: \_\_\_\_\_ Map & Parcel# \_\_\_\_\_

## **Homeowner:**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address of property where work is being done: \_\_\_\_\_

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## Contractor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## **Job Description:**

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**\$ 50.<sup>00</sup> Permit fee  
\$100.<sup>00</sup> Inspection fee**

AMOUNT DUE: \$150.00

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**Applicant's Signature**

**PERMIT#** \_\_\_\_\_