



HEATING & AIR PERMIT APPLICATION CITY OF WINDER

23 North Jackson Street
P. O. Box 566
Winder, GA 30680
770-867-3510

Home Owner Name/Address: _____

Project Location _____

HVAC Contractor

Name _____

Address _____

Phone # _____

Contractor State License # _____ Exp. Date _____

Business License # _____ Exp. Date _____

City/County of Business _____

(Copy of state and local license required with application)

Residential _____ Commercial _____

New _____ Existing _____

NUMBER OF H/A FIXTURES (DO NOT INCLUDE GAS UNITS):

_____ Heaters _____ Air Conditioning

_____ Wood Stoves _____ Central Units

_____ Furnaces _____ Window Units

_____ Other _____

Total # of Units: _____

Having made the required application is hereby authorized to do the following heating & air as per schedule on application and/or as shown on layout schedule. All materials used and all work done under authority of this permit must comply with City Ordinances governing the same.

Signature of Applicant _____ Date _____