

**HVAC PERMIT APPLICATION**  
**CITY OF WATKINSVILLE INSPECTION DEPARTMENT**  
**TO BE FILLED OUT BY APPLICANT**

MAILING ADDRESS

P.O. BOX 27

WATKINSVILLE, GA 30677

PH: 706-769-5161

STREET ADDRESS

191 VFW DRIVE

WATKINSVILLE, GA 30677

STREET ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

PRESENT PERMIT FOR STRUCTURE \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

EXISTING BUILDING? Y \_\_\_\_\_ N \_\_\_\_\_ PRESENT USE: \_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

COMMERCIAL USE \_\_\_\_\_ SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ ART \_\_\_\_\_ CONDO \_\_\_\_\_

NUMBER OF UNITS \_\_\_\_\_ MULTI-FAMILY \_\_\_\_\_ ADDITIONS \_\_\_\_\_ ALTERATIONS \_\_\_\_\_

WORK MUST COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND NOT BE  
ABANDONED IN EXCESS OF 12 MONTHS OR PERMIT WILL BECOME VOID

SERVICE INFORMATION

HEAT ONLY: \_\_\_\_\_

COOL ONLY: \_\_\_\_\_

SPLIT HEAT/COOL: \_\_\_\_\_

- CHECK IF APPLICABLE:
- Change of Service
  - Complete Job
  - Repairs
  - Other (Explain) \_\_\_\_\_

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK MEETS ALL CODES AND ORDINANCES OF THE CITY OF WATKINSVILLE, WATKINSVILLE, GEORGIA.

CONTRACTOR: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS LICENSE NO.: \_\_\_\_\_ STATE CERTIFICATION NO.: \_\_\_\_\_

CONTRACTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BASE PERMIT FEE COMMERCIAL \$70.00 AND RESIDENTAL \$ 50.00 – CHECK# \_\_\_\_\_ CASH \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_ FEE: \_\_\_\_\_

APPLICATION APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

**AFFIDAVIT OF LICENSE OR PERMIT APPLICATION OR BENEFIT APPLICATION**

As an applicant for any City: 1) License, 2) Permit or 3) benefits (including new employment by the City which provides employee benefits, and including labor and construction and other independent contractor contracts with the City which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal “Systematic Alien Verification for Entitlements (SAVE)” Program, I sign this affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

\_\_\_\_\_ I am a United States Citizen;  
INITIAL HERE

OR

\_\_\_\_\_ I am a legal permanent resident 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal  
INITIAL HERE Immigration and Nationality Act, 18 years of age or older (Alien Registration Number as Follows: \_\_\_\_\_),  
and I certify that I am lawfully present in the United States.

In making the above sworn certification, under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of code section 16-10-20 of the Official Code of Georgia.

Applicant Signature: \_\_\_\_\_

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

Sworn to and subscribed before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_