

## City of Walnut Grove 2581 Leone Avenue Loganville, Georgia 30052

## **Mechanical Affidavit Permit/Application**

Notice:

This form must be completed, signed and submitted to City Hall before any work may commence.

## MUST BE IN OFFICE 24 HOURS BEFORE REQUESTING ANY INSPECTION.

Permit #		Date			
(assigned after receipt of pa	yment and appro	oval)			
Applicant Name:					
Address					
City		State	Zip		
Phone #		Cell #	Fax	Zip Fax #	
Email					
Type of Service R	tesidential	Commercial	New	Retrofit	
Construction Address _					
Company/Contractors 1	Name				
Address					
CityPhone #		State	Zip		
Phone #	3	Cell #	Fax	.#	
Email		EVerify #		(if applicable)	
State License # Conditioned Air C Conditioned Air C	ontractor Clas	SS I (Restricted to 60,000 I	3TU Cooling/175,000 He	ating)	
Type of System: Gas	Electrica	l Dual	Tonn	age	
Total Number of Syste	ms Installed _	(If	more than one, list o	on separate sheet)	
In the event of any change this job until Building Insp	in my status on ections has been	this installation I und notified, in writing, of	lerstand that I will be any change.	e held responsible for	
I certify that this work will and the National H&A coo of any liability for any dam	le. I agree to inc	lemnify and relieve the	ip manner and accor e City of Walnut Gro	ding to all local codes ove and its' inspectors	
Signature					
Affidavit Fee	Check	k/Cash/Card	Re	ceipt #	
Taken by		Date			