



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
HVAC PERMIT APPLICATION

Date: \_\_\_\_\_

PROPERTY INFORMATION:

Address of project:
Lot number: Subdivision name:

PROPERTY OWNER INFORMATION:

Name of property owner:
Current address:
Phone: Email:

CONTRACTOR INFORMATION:

Name of company:
Name of main contact:
Address:
Phone: Email:

WORK PERFORMED:

- New service
Replacement

Number of air conditioner units:
Number of furnace units:
Number of heat pump units:

- Gas line
Pressure check for gas meter replacement

Fee: \$50.00 per unit, payable by check, money order, credit card or exact cash.

PLEASE PRINT NAME OF APPLICANT:
APPLICANT SIGNATURE:

Department of Planning and Development contact information:

Table with contact information: In person: 968 Milstead Avenue, Conyers, GA 30012, Monday through Friday, 8:00am to 5:00pm; Mail: P.O. Box 289, Conyers, GA 3001; Email: inspections@rockdalecountyga.gov; Phone: 770 278-7100; Fax: 770 278-8940

**O.C.G.A. 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

**\*\* Wait to be in front of the notary before signing \*\***

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation 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 O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Conyers, Georgia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Applicant signature

GA Registration No. and expiration date:

\_\_\_\_\_  
Seal: