



**Chatham County Department of Building  
Safety & Regulatory Services**  
P.O. Box 8161, Savannah, GA 31412-8161  
912-201-4300 - Fax 912-201-4301



**Gregori S. Anderson, CBO**  
Director

**Clifford Bascombe, CBO, CFM**  
Assistant Director

**MECHANICAL PERMIT**

P.I.N.: \_\_\_\_\_ *Obtained from Tax Assessors Office (912) 652-7271.*

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

**Owner:**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Class of work:**

New     Alteration     Replace     Commercial     Residential

Scope: \_\_\_\_\_

**Total Cost** (including labor, material, and profit) \$ \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    E-mail: \_\_\_\_\_

**Person Applying for Permit:** \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    E-mail: \_\_\_\_\_

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Completion when all required inspections have been approved.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

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