GAS PERMIT

5

OWNER | JOB ADDRESS

Jurisdiction of _____

Applicant to complete numbered spaces only.

JOB ADDRESS

1 LEGAL DESCR. LOT NO. BLK TRACT (☐ SEE ATTACHED SHEET)

2 OWNER MAIL ADDRESS ZIP PHONE

3 CONTRACTOR MAIL ADDRESS PHONE LICENSE NO.

4 ARCHITECT OR DESIGNER MAIL ADDRESS PHONE LICENSE NO.

5 ENGINEER MAIL ADDRESS PHONE LICENSE NO.

6 LENDER MAIL ADDRESS BRANCH

7 USE OF BUILDING

8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work:

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY: | PLANS CHECKED BY: | APPROVED FOR ISSUANCE BY:

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR, GAS FITTER, OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Type of Fuel: Natural Gas ☐ L.P.G. ☐

PERMIT FEES

No.	Type of Equipment	MBTU	Fee
	Central Heating Plant (Steam)		$
	(Hot Water)		
	(Warm Air)		
	Conversion Burner		
	Floor Furnace		
	Wall Heater		
	Circulator		
	Space Heater		
	Unit Heater		
	Cooking Range		
	Hot Plate		
	Automatic Controls		
	Dryer		
	Water Heater		
	Bake Oven		
	Refrigerator		
	Steam Radiators		
	TOTAL MBTU		
	PERMIT	$	
	TOTAL FEE	$	

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH