

GAS PERMIT

Applicant to complete numbered spaces only.

Job Site Address:

1. Legal Descr.	Land Lot	Land Dist.	Tax Map	Tax Parcel	Lot No.
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2. Owner	Mail Address	Zip	Phone
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3. Contractor	Mail Address	Phone	Registration No.
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4. Architect or Engineer	Mail Address	Phone	Registration No.
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5. Subdivision	Land Owner
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6. Use of Building	Permit Type	Report Code
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7. Class of work:	New	Addition	Alteration	Repair
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8. Describe work:

9. Tank Size:	Qty:	Gallons:	Type of Fuel:	Nat. Gas <input type="checkbox"/>	L.P.G. <input type="checkbox"/>
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SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
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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 REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) _____ (DATE)

PERMIT FEES			
No.	Type of Equipment	MBTU	Fee
	Central Heating Plant (Steam)	\$	
	(Hot Water)		
	(Warm Water)		
	Conversion Burner		
	Floor Furnace		
	Wall Heater		
	Circulator		
	Space Heater		
	Unit Heater		
	Cooking Range		
	Hot Plate		
	Automatic Controls		
	Dryer		
	Water Heater		
	Bake Oven		
	Refrigator		
	Steam Radiators		
	Mobile Home		
	TOTAL MBTU		
	PERMIT ISSUING FEE	\$	25.00
	TOTAL FEE	\$	

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