

## GAS PERMIT APPLICATION

**ADDRESS OF PROJECT:** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**APPLICANT COMPANY (if any):** \_\_\_\_\_

**APPLICANT EMAIL:** \_\_\_\_\_

**MASTER REGISTRATION HOLDER (IF DIFFERENT FROM ABOVE):** \_\_\_\_\_

NOTE: GAS PERMITS CAN BE OBTAINED BY THOSE CURRENTLY REGISTERED FOR HVAC OR PLUMBING

**PROPERTY OWNER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PROPERTY OWNER EMAIL:** \_\_\_\_\_

**FOR EXISTING, SINGLE-FAMILY DWELLINGS ONLY: IF YOU ARE APPLYING FOR AN OWNER-OCCUPANT PERMIT, DO YOU CERTIFY THAT YOU OR YOUR IMMEDIATE FAMILY IS THE OWNER OF THIS PROPERTY, ARE CURRENTLY LIVING AT THIS LOCATION AND WILL BE THE ONLY ONE DOING THIS WORK? (CIRCLE ONE) YES N/A**

**BRIEF DESCRIPTION OF WORK:** \_\_\_\_\_

**CIRCLE ALL THAT APPLY:** NEW BUILDING | EXISTING BUILDING ALTERATION, REPAIR OR REPLACEMENT  
NEW ADDITION | NEW ACCESSORY BUILDING OR STRUCTURE | OTHER: \_\_\_\_\_

**PROVIDE THE FOLLOWING INFORMATION APPLICABLE TO THIS PROJECT:**

<b>ESTIMATED VALUE OF THIS CONSTRUCTION:</b>	<b>\$</b>
<b>TOTAL # OF DWELLING UNITS:</b>	
<b>WILL THIS BE A NEW GAS SERVICE FOR AN EXISTING BUILDING?:</b>	<b>YES NO</b>

APPLICANT CERTIFIES THAT ALL ABOVE INFORMATION IS CORRECT AND THAT ALL APPLICABLE LAWS AND ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THE PERMIT IS ISSUED AND THAT THEY ARE AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR BUILDING DEPARTMENT PERSONNEL USE ONLY:</b>		
APPLICATION #:	TOTAL AMOUNT DUE FOR PERMIT ISSUANCE:	<b>\$</b>