GAS PERMIT APPLICATION
FOR BUILDING PERMIT #_____
OR PARCEL # _____
DEPOSITORY ACCOUNT #_____

OWNER _____

JOB ADDRESS_____

GENERAL CONTRACTOR _____

USE OF BUILDING: Single Family _____ Multi-Family_____ Commercial _____
Mobile Home _____ Other _____ New Installation_____
Change-Out _____ Repair _____

COMMENTS_____

_____

NO.	TYPE OF EQUIPMENT	BTU
	1. Number of Gas Outlets	
	2. Central Gas	
	3. Central Gas Heating Unit	
	4. Water Heater	
	5. Vented Water Heater	
	6. Boilers	
	7. Other	

MECHANICAL CONTRACTOR'S NAME (print)_____

SIGNATURE_____**ADDRESS**_____

QUALIFYING BUSINESS NAME_____

LICENSE: STATE#_____**COUNTY#**_____**PHONE #**_____

Notary as to Contractor:

In St. Johns County, Florida

The forgoing instrument was acknowledged before me this _____ Day of _____ 20_____

_____ Stamp:

Notary Signature

Known Personally _____ or Identification_____

Type of Identification _____

<u>NOTICE</u>: 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.