



GAS PERMIT APPLICATION

FOR BUILDING PERMIT # _____

OR PARCEL # _____

DEPOSITORY ACCOUNT # _____

Owner _____ Address _____

Job Address _____

General Contractor _____

Use of Building Single Family ☐ Multi-Family ☐ Commercial ☐ Other ☐

Purpose/Type of Project New Installation ☐ Change-Out ☐ Repair ☐ Other ☐

TYPE OF EQUIPMENT	Quantity	BTU
Gas Outlets	_____	_____
Central Gas	_____	_____
Central Gas Heating Unit	_____	_____
Water Heater	_____	_____
Vented Water Heater	_____	_____
Boilers	_____	_____
Other _____	_____	_____

Qualifying Business Name _____ Phone _____

Address _____ Email _____

Mechanical Contractor's Name _____ License No. _____

Contractor's Signature _____

Notary as to Contractor:

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

Notary Signature Stamp:

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

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.