



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_____

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.