

**CITY OF PENSACOLA
APPLICATION FOR GAS PERMIT**

Permit Fee \$ _____
 Plan Ck. Fee \$ _____
 Penalty Fee \$ _____
 Fax Fee \$ _____
 Total Fee \$ _____

Gas Permit # _____
 Bldg. Permit # _____
 Confirmation # _____
 Date _____
 Job Cost \$ _____

Job Address _____ Unit # _____ Number of Inspections _____

Type of Inspections: Rough-in _____ Pressure Test _____ Final _____

COMPANY NAME: _____ PHONE NUMBER _____

OWNER/TENANT: _____ PHONE NUMBER _____

TYPE OF BUILDING: Commercial _____ Residential _____ New _____ Existing _____

NATURAL GAS _____ 2LB. SYSTEM _____ L.P.GAS _____ E.S.P. CONVERSION _____

NOTICE TO CONTRACTOR: No work shall be commenced until a permit has been secured. All work must be inspected and approved before being covered.

CONTRACTOR TO INSPECTOR: I hereby make application to perform the work as described on this form. All provisions of the law shall be complied with whether specified or not.

Authorized Signature: _____

County Competency Card # _____

	FIXTURES	OUTLETS
Range		
Oven		
Water Heater		
Fryer		
Space Heater		
Floor Furnace		
Hot Air Furnace		
Grill		
Dryer		
Fireplace/Logs		
Pool Heater		
L.P. Tank		
OTHER:		
TOTALS:		