

GAS PERMIT APPLICATION

(Commercial Jobs \$50,000 & over requires a State of Alabama General Contractor's License)

JOB ADDRESS: _____

SUBDIVISION _____ **LOT** _____

OWNER/BUILDER'S NAME: _____

Gas permit shall be based on the number of fixtures/items to be installed, replaced or repaired as listed herein.

<u>WORK TO BE PERFORMED</u>	<u># of Fixtures</u>	<u>Complete Appropriate Item(s) Below:</u>	
<input type="checkbox"/> LOG LIGHTER	_____	<input type="checkbox"/> NEW RESIDENTIAL STRUCTURES, PER DWELLING UNIT \$30.00 for 1-10 fixtures; \$10.00 for each additional fixture	
<input type="checkbox"/> FLOOR FURNACE	_____		
<input type="checkbox"/> CONSUMER PIPING OUTLETS	_____		
<input type="checkbox"/> CENTRAL HEATING FURNACE	_____		
<input type="checkbox"/> CENTRAL HEATING BOILERS	_____		
<input type="checkbox"/> WATER HEATER	_____		
<input type="checkbox"/> CLOTHES DRYER	_____		
<input type="checkbox"/> POWER BOILERS	_____		
<input type="checkbox"/> UNIT HEATERS	_____		
<input type="checkbox"/> RECESSED HEATERS	_____		
<input type="checkbox"/> ROOM HEATERS – VENTED	_____	<input type="checkbox"/> EXISTING RESIDENTIAL STRUCTURES, PER DWELLING UNIT \$30.00 for 1-10 fixtures; \$10.00 for each additional fixture	
<input type="checkbox"/> ROOM HEATERS-UNVENTED	_____		
<input type="checkbox"/> INFRARED RADIANT HEATER	_____		
<input type="checkbox"/> CONVERSION BURNERS	_____		
<input type="checkbox"/> INCINERATORS	_____		
<input type="checkbox"/> APPLIANCE VENTS (when separate)	_____		
<input type="checkbox"/> INDUCED DRAFT FANS	_____		
<input type="checkbox"/> BAROMETRIC DAMPERS	_____		
<input type="checkbox"/> DRAFT CONTROL SWITCH	_____		
<input type="checkbox"/> GENERAL APPLIANCE REPAIRS	_____		
<input type="checkbox"/> RANGE (COMMERCIAL)	_____	<input type="checkbox"/> NEW COMMERCIAL STRUCTURES, PER UNIT \$50.00 for 1-10 fixtures; \$10.00 for each additional fixture	
<input type="checkbox"/> OVENS	_____		
<input type="checkbox"/> OTHER	_____		
<input type="checkbox"/> PROPANE TANKS, CONTAINERS & DISPENSING EQUIPMENT	_____		
TOTAL FIXTURES	_____		<input type="checkbox"/> EXISTING COMMERCIAL STRUCTURES, PER UNIT \$50.00 for 1-10 fixtures; \$10.00 for each additional fixture

TOTAL FEE AMOUNT \$ _____
TOTAL PERMIT COST \$ _____

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING GAS INSTALLATION.

GAS CONTRACTOR: _____

ADDRESS: _____
City State Zip Code Telephone#

SIGNATURE OF MASTER GAS FITTER _____

BUILDING OFFICIAL	DATE	PERMIT FEE	PERMIT NO.
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