

**CITY OF FULTONDALE
INSPECTIONS DEPT.**

1015 Old Walker Chapel Rd, P. O. Box 699, Fultondale, Alabama 205-841-8306

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"/> EXISTING RESIDENTIAL STRUCTURES, PER DWELLING UNIT \$30.00 for 1-10 fixtures; \$10.00 for each additional fixture <hr/> <input type="checkbox"/> NEW COMMERCIAL STRUCTURES, PER UNIT \$50.00 for 1-10 fixtures; \$10.00 for each additional fixture <input type="checkbox"/> EXISTING COMMERCIAL STRUCTURES, PER UNIT \$50.00 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"/> 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"/> OVENS _____		
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> PROPANE TANKS, CONTAINERS & DISPENSING EQUIPMENT _____		
TOTAL FIXTURES _____		

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: _____

PHONE #: _____ CITY _____ State _____ Zip Code _____
 EMAIL (REQUIRED): _____

SIGNATURE OF MASTER GAS FITTER _____

_____	_____	_____	_____
BUILDING OFFICIAL	DATE	PERMIT FEE	PERMIT NO.