



**Building Permit Application
GAS**
Escambia County, FL

GAS PERMIT NO.:
BUILDING PERMIT NO.:
DATE:

Job Address:	Floor/Unit No.:
Master Gas Installer:	Phone No.:
Company Name:	Phone No.:
Owner:	Phone No.:
Builder:	Phone No.:

Type of Building of Structure:	<input type="checkbox"/> Old	<input type="checkbox"/> New
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
	<input type="checkbox"/> Change Out	<input type="checkbox"/> New Installation

Type of Service:

Cost of Construction:(Labor & Materials)	\$	No. of Inspections Required.:
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FIXTURES	# of FIXTURES	# of Outlets (Piping)	Vented	FIXTURES	# of FIXTURES	# of Outlets (Piping)	Vented
Boiler				Radiant Heater			
Central Furnace				Range			
Cook Top				Water Heater			
Deep Fryer				Other (Specify)			
Fireplace				Conversion			
Floor Furnace				LP Tank/Cylinder(s)			
Gas Light/Log				Pressure Test			
Generator				Meter Loop - House			
Grill (Counter)				Meter Loop - Mobile Home			
Grill (Outdoor)				Repair and/or Test Lines			
Oven (Wall)				Check One	Natural Gas <input type="checkbox"/>	LP Gas <input type="checkbox"/>	
Pool/Spa Heater							

Driving Directions:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for all ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, HEATING, AND VENTILATING SYSTEMS ELEVATORS, ESCALATORS AND TRANSPORTING ASSEMBLINGS, GAS, SPRINKLER, ROOFING AND INSTALLATIONS, ETC. **OWNER'S AFFIDAVIT:** I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AT THE ESCAMBIA COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING INSPECTIONS DIVISION, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. Furthermore, you must, by law, promise to inform the owner that the property in question is being subjected to possible liens and/or attachment, and must deliver all forms and notices required by law to the owner.

Signature of Owner or Agent:	Date:	Signature of Contractor:	Date:
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<p>Notary as to Owner or Agent:</p> <p>STATE OF FLORIDA/COUNTY OF _____</p> <p>Sworn to and subscribed before me this _____ day of _____, 20____.</p> <p>by _____, who is/is not personally known to me or who has produced _____ as identification.</p> <p>_____ SIGNATURE OF NOTARY</p> <p>Printed Name of Notary: _____</p> <p>Comm. Expires: _____</p>	<p>Notary as to Contractor:</p> <p>STATE OF FLORIDA/COUNTY OF _____</p> <p>Sworn to and subscribed before me this _____ day of _____, 20____.</p> <p>by _____, who is/is not personally known to me and produced _____ as identification.</p> <p>_____ SIGNATURE OF NOTARY</p> <p>Printed Name of Notary: _____</p> <p>Comm. Expires: _____</p> <p>Contractor's License No.: _____</p> <p>Escrow Acct. No. _____</p>
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