



GAS PERMIT APPLICATION

APPLICANT SERVICES
(850) 891-7125
FAX: 891-0948
BUILDING INSPECTION
(850) 891-7050
FAX: 891-7099

Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
Tallahassee, Florida 32301

Date: _____ Call Back #: _____ Fax Back #: _____

Trust Acct #: _____ Gas Permit #: TBN _____

Building Permit #: TBB _____

Application is herewith made for a gas permit covering gas installation in or on the premises stated below. The applicant hereby agrees to make such installation in accordance with the requirements of the Florida Building Code.

NOTICE TO GAS CONTRACTOR: ANY JOB VALUE GREATER THAN \$2,500.00 THAT IS NOT ASSOCIATED WITH A BLDG PERMIT WILL REQUIRE A NOTICE OF COMMENCEMENT BEFORE FIRST INSPECTION.

Gas Contr.: _____ License #: _____

Job Address: _____ UNIT # _____ Cost of Gas: \$ _____

Owner _____ Parcel ID#: _____

A. TYPE OF IMPROVEMENT	C. CLASS OF BUILDING	(Proposed Use)
01 NEW BUILDING	01 ONE FAMILY	09 WARE HOUSE
02 ADDITION	02 TWO FAMILY	15 BUSINESS
03 ALTERATION / REPAIR	03 TRIPLEX	16 AMUSEMENT, RECREATIONAL
09 FOUNDATION ONLY	04 QUADRIplex	17 CHURCH, OTHER RELIGIOUS
10 SWIMMING POOL	05 MULTI FAMILY _____units	18 INDUSTRIAL
	06 ROOMING HOUSE _____units	19 PARKING GARAGE
	07 HOTEL, MOTEL _____units	20 SERV. STATION, REP GARAGE
	08 DORMITORY _____units	21 HOSPITAL, INSTITUTIONAL
	12 SINGLE FAMILY ATTACHED	22 OFFICE, PROFESSIONAL
	35 MOBILE HOME	24 PUBLIC UTILITY
		25 SCHOOL , LIBRARY, EDUCATION
		26 STORES, MERCANTILE
		32 COMM ACCESSORY STRUCTURE
		37 RESTAURANTS
		____ OTHER SPECIFY _____

No. Items	Price	Total	Description	CERTIFICATION
_____	\$54.00	_____	1 & 2 Family Appl. Fee	I, the above listed Gas Contractor, acknowledge that the City of Tallahassee, pursuant to ordinance, is waiving the fee for a gas service tap and service line on the express condition that the user install a natural gas fired water heater or furnace. I certify that I have a contract with the above listed owner at the above listed job address, for the installation of a natural gas fired water heater or furnace. In the event I do not install such appliance and the appliance is not consuming gas within 45 days of this certification, I will immediately notify the City Gas Division and Growth Management. I understand that service will be disconnected and will not be reestablished until the fee is paid for the Gas tap and service line.
_____	\$107.00	_____	Commercial Appl. Fee	
_____	\$10.00 ea	_____	Natural Gas Connections	
_____	\$10.00 ea	_____	LP Gas Connections	
_____	See **	_____	FREE Residential Gas Tap	
** MUST HAVE GAS WATER HEATER or FURNACE				
_____	\$50.00	_____	Residential Gas Tap	
_____	\$100.00	_____	Commercial Gas Tap	
<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	Relocate Gas Tap	
<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	Existing Gas Tap	
<input type="checkbox"/> YES <input type="checkbox"/> NO	new BTU _____	_____	Upgrade Meter	
<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	Reset Meter	
<input type="checkbox"/> ¼ # <input type="checkbox"/> 2 # <input type="checkbox"/> 5 #		_____	System Pressure	
_____		_____	B T U Load	
		_____	\$ 2.50 Training Surcharge	
		_____	State Surcharges	
		_____	TOTAL GAS FEES	

Applicant Signature: _____

PLEASE CALL: (850) 891-1800 for NEW 1 & 2 Family GAS PIPING TEST. CALL (850) 891-7040 FOR ALL CHG OUTS, LOAN PROG. and ALL COMMERCIAL INSPECTIONS

ALL gas taps require a City Of Tallahassee Utility Account. Work orders **cannot** be sent if an account isn't established.

NOTE: By applying for permit and signing below, I have confirmed that gas mains are located within 100 feet of the above listed job address.

Applicant Signature: _____ DATE: _____