GAS STICKER CERTIFICATE PERMIT APPLICATION

CITY OF TALLAHASSEE
GROWTH MANAGEMENT
IAS ACCREDITED

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

www.talgov.com

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

Location: 435 N Macomb St.
Tallahassee, Florida 32301

Date: _____ **Gas Permit #: TBN** _____

Building Permit #: TBB _____

Gas Contr.: _____ **License #:** _____

Gas Fitter: _____ **Business No.:** _____ **Fax No.:** _____

Owner _____ **Daytime Contact No.:** _____

Job Address: _____ **UNIT #** _____ **Home No.:** _____

Gas Type: **check one** _____ **Natural** **Meter No.:** _____ **Cost of Imp: $**_____

_____ **L.P.** **Reading:** _____

A. TYPE OF IMPROVEMENT

01 NEW BUILDING
02 ADDITION
03 ALTERATION / REPAIR
09 FOUNDATION ONLY
10 SWIMMING POOL
31 CHANGE OF USE

B. OWNERSHIP

01 PUBLIC
02 PRIVATE

C. CLASS OF BUILDING (Proposed Use)

01 ONE FAMILY
02 TWO FAMILY
03 TRIPLEX
04 QUADRIPLEX
05 MULTI FAMILY _____units
06 ROOMING HOUSE_____units
07 HOTEL, MOTEL _____units
08 DORMITORY _____units
12 SINGLE FAMILY ATTACHED
35 MOBILE HOME
09 WAREHOUSE
15 BUSINESS
16 AMUSEMENT, RECREATIONAL
17 CHURCH, OTHER RELIGIOUS
18 INDUSTRIAL
19 PARKING GARAGE
20 SERV. STATION, REP GARAGE
21 HOSPITAL, INSTITUTIONAL
22 OFFICE, PROFESSIONAL
24 PUBLIC UTILITY
25 SCHOOL, LIBRARY, EDUCATION
26 STORES, MERCANTILE
28 DAY CARE
30 MULTI - USE
32 COMM ACCESSORY STRUCTURE
37 RESTAURANTS
___OTHER SPECIFY _____

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circle one: **Dryer / Range / Gas Logs / Patio Grill / Other:** _____

Model No.: _____ BTU's: _____ Top / Oven

Serial No.: _____ BTU's: _____ Top / Oven

New Sticker No.: _____ Old Sticker No.: _____

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Serial No.: _____ BTU's: _____ Top / Oven

New Sticker No.: _____ Old Sticker No.: _____

Comments: _____

As owner of the above address, I understand that I may be contacted by the City of Tallahassee, Gas Inspector, for entry and inspection to assure compliance of the code as been met.

_____ _____
Signature of Owner **Date**

_____ I have installed all gas appliances in accordance with the manufacturer's instructions.
_____ I have checked clothes dryer vent for proper connections.
_____ I have checked all ranges installed for anti – tip device.
_____ I have bubble checked all new gas connections.

_____ _____
Gas Fitter's Signature **Date**

FOR OFFICIAL USE ONLY: _____ _____ _____ **Approved** _____ **Denied**
Print Inspector Name **Date Inspected**