

Date: _____ **Call Back #:** _____ **Fax Back #:** _____
Trust Acct #: _____ **Gas Permit #: TBN** _____
Leon County Building Permit #: LB _____

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.

Gas Contr.: _____ **License #:** _____
Job Address: _____ **UNIT #** _____ **Cost of Imp: \$** _____
Owner _____ **Parcel ID#:** _____

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

**** Certification:** 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 installs 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.

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

ALL gas taps require a City Of Tallahassee Utility Account. Work orders for Taps & Meter Sets can not be sent if an account has not been established.

**** Gas Contractor Signature:** _____ **Date:** _____

<u>No. Items</u>	<u>Price</u>	<u>Description</u>	<u>----- GAS METER -----</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	**FREE	1 & 2 Family Gas Tap	<input type="checkbox"/> 1/4# <input type="checkbox"/> 2# <input type="checkbox"/> 5# Meter Size
** MUST HAVE GAS WATER HEATER or FURNACE			
_____	\$ 50.00 ea	1 & 2 Family Gas Tap	_____ *BTU Load Total
_____	\$ 100.00 ea	Commercial Gas Tap	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Relocate Gas Tap @ \$COST	

Applicant Signature: _____ **DATE:** _____