



**Gas Permit Application**  
Escambia County, FL

<b>GAS PERMIT NO.:</b>
BUILDING PERMIT NO.:

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.: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>

FIXTURES	NUMBER OF FIXTURES	NUMBER OF Outlets (Piping)	Vented
Boiler			
Central Furnace			
Cook Top			
Deep Fryer			
Fireplace			
Floor Furnace			
Gas Light/Log			
Generator			
Grill (Counter)			
Grill (Outdoor)			
Oven (Wall)			
Pool/Spa Heater			

FIXTURES	NUMBER OF FIXTURES	NUMBER OF Outlets (Piping)	Vented
Radiant Heater			
Range			
Water Heater			
Other (Specify)			
Conversion			
LP Tank/Cylinder(s)			
Pressure Test			
Meter Loop - House			
Meter Loop - Mobile Home			
Repair and/or Test Lines			
Check One	<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas		

**Driving Directions:**

**Notice:** No work shall be commenced until a permit has been secured. All work must be inspected before covering. At least twenty-four (24) hours notice must be given for inspection.

**I hereby make application to perform the work as described herein. All provisions of the Law shall be complied with whether specified herein or not.**

Master Plumber/Applicant - Signature	State Reg./Certificate #	Escrow Acct No.:
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