

GAS PERMIT

Jurisdiction of: *CITY OF COLLINS*

JOB ADDRESS: _____

OWNER	ADDRESS	ZIP	PHONE#
CONTRACTOR	ADDRESS	ZIP	PHONE#
ARCHITECT OR DESIGNER	ADDRESS	ZIP	PHONE#
ENGINEER	ADDRESS	ZIP	PHONE#
LENDER	ADDRESS	ZIP	PHONE#

USE OF BUILDING _____

CLASS OF WORK: NEW ADDITION ALTERATION REPAIR
DESCRIBE WORK: _____

SPECIAL CONDITIONS: _____

APPLICATION ACCEPTED BY: _____ PLANS CHECKED BY: _____ APPROVED BY: _____

TYPE OF FUEL: NATURAL GAS L.P.G
TYPES OF EQUIPMENT: CENTRAL HEATING PLANT (STEAM) (HOT WATER) (WARM AIR), CONVERSION BURNER, FLOOR FURNANCE, WALL HEATER, CIRCULATOR, SPACE HEATER, UNIT HEATER, COOKING RANGE, HOT PLATE, AUTOMATIC CONTROLS, DRYER, WATER HEATER, BAKE OVEN, REFRIGERATOR, STEAM RADIATORS.

PERMIT FEES: _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THAT THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF THE CONTRACTOR OR AUTHORIZED AGENT *DATE*

SIGNATURE OF THE OWNER (IF OWENER IS BUILDER) *DATE*