

Date _____

GAS PERMIT APPLICATION

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It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the City of Minneola's local ordinances, local, state or federal regulations or codes.



PERMIT # _____

ALT KEY # _____

PROJECT ADDRESS: _____
(Please include street, city, state and zip code)

OWNER INFORMATION:

PROPERTY OWNER/TENANT NAME: _____ CONTACT #: (_____) _____

PROPERTY OWNER ADDRESS: _____
(Please include street, city, state and zip code – If located in a Mobile Home Park, please indicate the name of the Park)

INSTALLER INFORMATION:

LICENSE HOLDER NAME: _____ LICENSE # _____

SUPPLIER/COMPANY NAME: _____ CONTACT #: (_____) _____

FAX #: (_____) _____ EMAIL ADDRESS: _____

COMPANY ADDRESS: _____
(Please include street, city, state and zip code)

INSTALLER OR AUTHORIZED AGENT SIGNATURE: _____

IF SIGNED BY AN AUTHORIZED AGENT, PLEASE PRINT NAME: _____

CHECK TYPE OF IMPROVEMENT: ___ *Frame* ___ *CB* ___ *MH* **OCCUPANCY:** ___ *Residential* ___ *Commercial*

TYPES OF APPLIANCES: *Please check Type (LP or Natural as applicable to the specific appliance(s))*

Residential			Commercial – (Please list Type and check)		
Type	LP Gas	Natural	Type	LP Gas	Natural
Range/Oven					
Water Heater					
Furnace					
Space Heater					
Dryer					
Grill					
Pool/Spa Heater					
Fireplace					
Gas Light					
Misc.					

Total number of outlets: _____ **Tank set to existing system: Yes or No**

CONTAINERS:

Customer	<input type="radio"/> Owned <input type="radio"/> Leased			Yes	No
Customer ID #:			Above Ground Tank?		
# of Containers:			Underground Tank?		
Total Capacity:		Pounds	Underground Tank Anchored?		
	(OR)	Gallons	Installation Two-State?		
Re-Qualification Date(s):			Serves Multiple Meter Systems?		
Meter Number:			Is Meter Properly Supported?		

Special Notes:

