CITY OF DELRAY BEACH

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221 *Website: mydelraybeach.com*

DELRAY BEACH FLORIDA All-America City 1993 2001

APPLICATION FOR GAS PERMIT

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT

FOR OFFICE USE ONLY:

BLDG. PERMIT NUMBER: _____ PLAN CHECK FEE: $_____ MCR #_____

GAS PERMIT NUMBER: _____ PERMIT FEE: $_____

FIRE FEE: $_____

PLEASE PRINT

JOB SITE ADDRESS _____

PROPERTY OWNER NAME _____ PHONE (_____)_____

PROPERTY OWNER ADDRESS _____

CONTRACTOR **(COMPANY)** NAME _____

CONTRACTOR **(COMPANY)** ADDRESS _____

CITY _____ST_____ZIP_____

PHONE (_____) _____ FAX (_____) _____

PROJECT COST (Labor and Material) $ _____

(PLEASE CHECK ONE) **NEW** _____ **REPLACEMENT** _____

DESCRIPTION OF WORK:

_____

_____

 # OF OUTLETS: _____ **NATURAL** _____ **COMMERCIAL** _____ **GENERATOR** _____

L.P. _____ **RESIDENTIAL** _____

_____ _____ _____ **OR** _____

SIGNATURE OF QUALIFIER **CONTR. REGISTRATION #** **WORKERS COMP #** **EXEMPT (FID /FEIN) #**

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ who is personally known to me or who has produced (Type of ID) _____ as identification.

(SEAL)

_____

Signature of Notary Public

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS. AT LEAST (1) INSPECTION EVERY 180 DAYS OR PERMIT EXPIRES. PLANS MUST BE ON THE JOB BEFORE INSPECTION WILL BE MADE. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

APPROVALS

PLUMBING: _____/DATE: _____ FIRE: _____/DATE: _____

Rvsd. 9/07