



GAS PERMIT APPLICATION

Date: _____

Call Back #: _____

Fax Back #: _____

Gas Permit #: TBN _____

Building Permit #: TCB/TRB _____

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.

NOTICE TO GAS CONTRACTOR: ANY JOB VALUE GREATER THAN \$5,000.00 THAT IS **NOT** ASSOCIATED WITH A BLDG PERMIT **WILL REQUIRE A NOTICE OF COMMENCEMENT** BEFORE FIRST INSPECTION.

Gas Contr.: _____ License #: _____

Job Address: _____ UNIT # Cost of Imp: \$ _____

Owner _____ Parcel ID#: _____

TYPE OF IMPROVEMENT	CLASS OF BUILDING	(Proposed Use)
☐ 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:** _____

No. Items	Description	No. Items	Description
_____	1 & 2 Family Appl. Fee	☐ Yes ☐ No	Existing Tap
_____	Commercial Appl. Fee	☐ Yes ☐ No	**FREE 1 & 2 Family Gas Tap
_____	Natural Gas Connections	_____	** MUST HAVE GAS WATER HEATER or FURNACE
_____	LP Gas Connections	_____	\$50.00 1 & 2 Family Gas Tap
_____	(info only) # of Tankless Water Heaters	_____	\$100.00 Commercial Gas Tap
		☐ Yes ☐ No	\$ _____ Relocate Gas Tap @ \$COST

----- GAS METER -----

- ☐ Yes ☐ No *Upgrade Meter *PROVIDE NEW BTU LOAD BELOW
- ☐ Yes ☐ No Reset Meter
- ☐ 1/4# ☐ 2# ☐ 5# Meter Size

_____ *BTU Load Total

Applicant Signature: _____ DATE: _____

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2
Location: 435 N. Macomb Street Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301