

**GAS PERMIT APPLICATION**

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:

**Location of Improvements**

Address \_\_\_\_\_ Unit \_\_\_\_\_  
 Folio \_\_\_\_\_

**Contractor Information**

Cert.No. \_\_\_\_\_  
 Contractor Name \_\_\_\_\_  
 Qualifier Name \_\_\_\_\_  
 Qualifier SS \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**Use of Property**

Current Use \_\_\_\_\_  
 Description of Work \_\_\_\_\_  
 Value of Work \_\_\_\_\_

**Type of Improvements**

- ( ) New Construction      ( ) Repair  
 ( ) Alteration Interior      ( ) Repair due to Fire  
 ( ) \_\_\_\_\_      ( ) Renewal  
 ( ) \_\_\_\_\_      ( ) Change of Contractor

**Owner Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**Architect / Engineer**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Item	Qty
Bottled / LP (Gal)	_____
Natural (Outlets)	_____
Range	_____
Oven	_____
Water Heater	_____
Dryer	_____
Meter	_____
Repair Lines	_____
Install or Remove Tanks	_____
Petroleum Dispenser	_____
Petroleum Emergency Shut Off	_____
Other _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate *permits* are required for Building, Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters and Roofing work and there may be additional permits required from other governmental agencies.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate.

**WARNING TO OWNER:** If your job cost exceeds \$2500.00 you must file a Notice of Commencement with the Clerk of the Courts in Miami-Dade County. Failure to do so may result in you paying twice for the improvements to your property. If you intend to obtain financing, consult your attorney or lender before recording your Notice of Commencement.

Signature of Owner or Owners Agent \_\_\_\_\_  
 Print Name \_\_\_\_\_

Signature of Qualifier \_\_\_\_\_  
 Print Name \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_ 20

Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_ 20

Personally known ( ) Produced Identification ( )

Personally known ( ) Produced Identification ( )

Type of Identification Produced \_\_\_\_\_

Type of Identification Produce \_\_\_\_\_