



Gas Permit Application

Building Inspection Division

Site Address:					
Structure Use:	Residence <input type="checkbox"/>	# of Units	Commercial <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Church <input type="checkbox"/>
Business Name:					
Zoning Classification:				Parcel Number:	
Property Owner Name:					
Property Owner E-mail: check if new <input type="checkbox"/>					
Address:					
City:			State:	Zip:	Phone:
Lakeland Contractor #		Qualifier's Name:			
Qualifier's E-mail: check if new <input type="checkbox"/>					
Description of Work:					
Contract Amount: \$					
Type of Gas:	Appliances:	Number:	LP Tank:		
Natural <input type="checkbox"/>	Range/Grill		Site plan attached		<input type="checkbox"/>
Liquified Petroleum <input type="checkbox"/>	Water Heater		Tank location on plan		<input type="checkbox"/>
	Dryer		Tank size, Gallons		
	Furnace		Above ground		<input type="checkbox"/>
	Central Heat or A/C Units		Below ground		<input type="checkbox"/>
	Boiler or Incinerators				
	Fireplace				
	Conversion Burners				
	TOTAL NUMBER OF OUTLETS				
<p>Application is hereby made for a building permit to do the work as briefly described above and in consideration of the issuance of such permit, I agree that this application is subject to being built as referenced to the applicable approved plans and in accordance to the Zoning Ordinance, Building Code, and other ordinances of the City of Lakeland and laws of the State of Florida applicable thereto. It is understood that any deviation from the information contained herein unless approved by the Building Inspector will render the building permit null and void. I agree that this property will not be occupied or used until all damage done to streets, curbs, sidewalks or other public or private property has been completely and satisfactorily repaired or replaced and all driveways will be completed under permit and approval from the Building Inspection Division. Also, the property will not be occupied until after a letter of Completion or a Certificate of Occupancy is acquired upon completion of all applicable inspections. I hereby certify that the information set forth above is true and correct and that I am the property owner or lessee, or acting as the agent of either and have been authorized by them to make this application. The 2017 Florida Building Code is in effect.</p>					
Applicant's Signature:					Date:
Applicant's E-mail : check if new <input type="checkbox"/>					
Company Name:					Phone:
Company Address:					
Company E-mail: check if new <input type="checkbox"/>					
(FOR OFFICIAL USE ONLY)					
Approved By:					Date:
Penalty ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Fire Check:	\$	Permit Fee:	\$		
NOC:	\$	Plan Check Fee:	\$		
		Surcharge Fee:	\$		
		Impact Fee:	\$		
		Total Fees:	\$		