

## Gas Permit Application Building Inspection Division

Site Address:												
Structure Use: Residence # of Units					Commerc	Commercial Mok			bile Home Church			
Business Name:												
Zoning Classification: P								arcel Number:				
Property Owner Name:												
Property Owner E-mail: check if new												
Address:												
City:				State:			Zip:		Phone:			
Lakeland Contractor #				Qualifier's Name:				L				
Qualifier's E-mail: check if new												
Description of Work:												
•												
Contract Amount: \$												
Type of Gas: Appliances: Number: LP Tank:												
Natural	Range/Grill					Site plan attached						
<b>Liquified Petrolium</b>		Water Heater					Tank location on plan					
			Dryer				Tank size, Gallons					
			Furnace				Abo	Above ground				
		Central Heat or A/C Units					Belo	Below ground				
Boile				iler or Incinerators								
Fire				Fireplace						<u> </u>		
				onversion Burner								
				TOTAL NUMBER OF OUTLETS						<u> </u>		
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 conta												
property will not be occupand satisfactorily repaired												
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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 2020 Florida Building Code is in effect.												
Applicant's Signature:								Da	te:			
Applicant's E-mail : check if new												
Company Name: Phone:												
Company Address:												
Company E-mail: check if new												
(FOR OFFICIAL USE ONLY)												
Approved By:  Penalty ? Yes No No												
Fire Check:	\$ Permit					Egg:	e: \$					
NOC:	\$ \$											
IVOC.	7				Plan Check Fee: \$ Surcharge Fee: \$							
			Impact									
Total Fees:								\$				
	10							٧ -				