APPLICATION FOR GAS PIPING PERMIT

INSPECTIONS AND CODE ENFORCEMENT DIVISION
COLUMBUS, GEORIGA

DATE_____ PERMIT NO._____

DISTRICT _____

GAS CONTRACTOR _____

ADDRESS OF JOB _____

OWNER OR OCCUPANT _____

TYPE OF OCCUPANCY:

□ RESIDENTIAL

□ COMMERCIAL

□ INDUSTRIAL

□ TRAILER

WORK TO BE DONE IN:

□ NEW BUILDING

□ BUILDING ADDITION

□ EXISTING BUILDING

□ BUILDING MOVED ON LOT

List of Equipment and Accessories to be installed or Replaced	Number of Outlets	Replace Existing
Floor Furnaces		
Cooking Ranges		
Clothes Dryers		
Unit Heaters		
Recessed Heaters		
Room Heaters Vented		
Room Heaters		
Conversion Burners		

I certify that the information in this application is true and correct to the best of my knowledge and the work authorized upon this application is to be done in accordance with the Gas Code of Columbus, Georgia

Number of Meters _____

Size of Gas Meter Outlet: _____ Inches PERMIT FEE $ _____

SIGNED _____ _____

CONTRACTOR TELEPHONE