Orange County Division of Building Safety
201 South Rosalind Avenue
Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687
Phone 407-836-5550 • **Fax** 407-836-2852 • **Inspections ONLY**: 407-836-2825

_____
Date

_____
Building Permit Number

Application for Gas Permit

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

PLEASE PRINT
The undersigned hereby applies for a permit to make: (Indicate) Natural ☐ Liquefied Petroleum Gas ☐ installations as indicated below on property.

Owned by: _____

Street Address_____ City_____ State_____ Zip Code_____

Phone No. _____ –_____-_____ **Method of Payment:** Cash ☐ Check ☐ Escrow ☐

Job Information: Lot No._____ Block_____ Subdivision Name_____

Tax Identification Number: Section_____Township_____ Range_____ Subdivision_____ Lot_____Block_____
(15 Digit Parcel Number)

Class of Building: Old ☐ New ☐ **Type of Building:** Residential (028) ☐ Commercial (029) ☐ Mobile Home (006) ☐

Type of Work: New (001) ☐ Alteration (003) ☐ Addition (004) ☐ Repair (002) ☐

Date First Inspection Desired:_____ or will call ☐

ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS

GAS OUTLETS _____

DELIVERY PRESSURE _____

APPLIANCES:

TOTAL # BTU'S _____

BOILER _____ BTU _____ each
DRYER _____ BTU _____ each
FIREPLACE _____ BTU _____ each
FURNACE_____ BTU _____ each
RANGE _____ BTU _____ each
WATER HEATER _____ BTU _____ each
GRILLS _____ BTU _____ each
POOL HEATER_____ BTU _____ each
SPA_____ BTU _____ each

SPECIAL COMMENTS

_____

_____

_____

_____

MISCELLANEOUS:

_____ BTU _____ each
_____ BTU _____ each
_____ BTU _____ each

ESTIMATED JOB COST $ _____

TOTAL PERMIT FEE $ _____

I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT

Name of Active Certificate Holder _____

State Registration or Certification Number _____

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances.

Authorized Signature *(License Holder or Agent)* _____

Street Address _____

City _____State_____ Zip Code_____ Phone Number_____–_____-_____

NOTE: ***The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where Building Permit has been issued.***

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON _____
(Date/Time)

Gas Permit Number_____