



CITY OF PORT ORANGE

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING DIVISION
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
(386) 506-5600 FAX (386) 506-5699

GAS PERMIT NO.: _____

BUILDING PERMIT NO.: _____

Note: The Building Permit Number is required if the proposed work is associated with any construction or alteration where a Building Permit has been issued.

RECEIVED BY: _____ PROCESSED BY: _____

APPLICATION FOR GAS PERMIT

****EFFECTIVE IS THE 2007 FLORIDA BUILDING CODE**
WITH 2009 SUPPLEMENTS**

JOB INFORMATION:

ADDRESS: _____

TAX PARCEL NUMBER: _____

SUBDIVISION NAME: _____

OWNED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: _____ FAX: _____

EMAIL ADDRESS: _____

SOME AREAS HAVE PRIVATE DEED COVENANTS AND RESTRICTIONS ON BUILDING ACTIVITY. A CITY PERMIT IS ONLY TO ENSURE COMPLIANCE TO CITY AND STATE CODES. THE OWNER IS RESPONSIBLE FOR OBTAINING ANY PRIVATE ASSOCIATION APPROVAL BEFORE WORK IS STARTED.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME OF QUALIFIER (PLEASE PRINT) _____

ADDRESS: _____

BUSINESS NAME: _____ LICENSE NUMBER: _____

ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

CONTINUED ON OTHER SIDE

PROPOSED WORK:

RESIDENTIAL NONRESIDENTIAL

NEW EQUIPMENT AND/OR PIPING

FIXTURES	NUMBER	FEE
Outlets		
Boilers		
Central Heating Units		
Conversion Burners		
Floor Furnaces		
Vented Recessed Heaters		
Water Heaters		
Other (Specify):		
TOTAL		

OTHER: USE THIS SECTION TO DESCRIBE WORK THAT IS NOT LISTED ABOVE, OR TO INCLUDE OTHER RELEVANT INFORMATION PERTAINING TO PROPOSED WORK.

VALUATION OF JOB: _____ (COPY OF PROPOSAL, BID OR CONTRACT ATTACHED. VALUATION=COST OF ALL MATERIALS AND LABOR.)

I HEREBY MAKE APPLICATION FOR PERMIT AS NOTED HEREIN AND IF SAME IS GRANTED I AGREE TO CONFORM TO ALL BUILDING DIVISION REGULATIONS AND CITY ORDINANCES REGULATING SAME AND IN ACCORDANCE WITH PLANS SUBMITTED. THE ISSUANCE OF THIS PERMIT DOES NOT GRANT PERMISSION TO VIOLATE ANY APPLICABLE CITY AND/OR STATE OF FLORIDA CODES AND/OR ORDINANCES.



Personally appeared _____ who on oath says, that he/she is the applicant for the foregoing, that all the statements made on this application are true to the best of his/her knowledge, and that the work to be done is authorized by the owner and will be done by contract with _____ (contractor/owner).

Authorized Signature: _____

FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.

_____ Notary Public

STAMP: