

Permit Number: _____

Approved By: _____ Date: _____ Price: _____

Department of Inspections • City of Hinesville

115 East M.L. King, Jr. Drive • 876-4147

APPLICATION FOR GAS PERMIT

*Applicant to
complete this form.*

JOB ADDRESS				
1	LEGAL DESCR.	LOT NO.	BLK	TRACT (SEE ATTACHED SHEET)
2	OWNER		MAIL ADDRESS	ZIP PHONE
3	CONTRACTOR		MAIL ADDRESS	PHONE CITY LICENSE NO.
4	USE OF BUILDING			
5	Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR / Ready for Inspection _____ (Date/Time)			
6	Describe Work:			
7	Estimated Cost: (Equipment, Materials & Labor)			

I hereby make application for permission to install or change the gas system in or on the premises described above and I agree to comply with all rules and regulations governing gas installations in the City of Hinesville.

Type of Fuel: Natural Gas <input type="checkbox"/> L.P.G. <input type="checkbox"/>	# _____ Conversion Burner	# _____ Unit Heater	# _____ Water Heater
# _____ Type of Equipment	# _____ Floor Furnace	# _____ Cooking Range	# _____ Bake Oven
# _____ Central Heating Plant (Steam)	# _____ Wall Heater	# _____ Hot Plate	# _____ Refrigerator
# _____ (Hot Water)	# _____ Circulator	# _____ Automatic Controls	# _____ Steam Radiators
# _____ (Warm Air)	# _____ Space Heater	# _____ Dryer	

I CERTIFY THAT I HAVE PERSONALLY SUPERVISED THE GAS WORK AUTHORIZED BY THIS PERMIT INCLUDING THE INSTALLATION OF ALL PIPE FITTING, FIXTURES AND EQUIPMENT.

DATE: _____ SIGNED _____
STATE OF GEORGIA LICENSED CONTRACTOR

When properly validated this is your permit.