# Barnwell County
## Building Department
# GAS PERMIT

5

Jurisdiction of _____

OWNER | JOB ADDRESS

*Applicant to complete numbered spaces only.*

JOB ADDRESS

1 LEGAL DESCR | LOT NUMBER | BLK | TRACT | (☐ SEE ATTACHED SHEET)

2 OWNER | MAIL ADDRESS | ZIP | PHONE

3 CONTRACTOR | MAIL ADDRESS | PHONE | LICENSE NO

4 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | LICENSE NO.

5 ENGINEER | MAIL ADDRESS | PHONE | LICENSE NO.

6 LENDER | MAIL ADDRESS | BRANCH

7 USE OF BUILDING

8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work:

SPECIAL CONDITIONS:

| APPLICATION ACCEPTED BY: | PLANS CHECKED BY: | APPROVED FOR ISSUANCE BY: |
|---|---|---|
| | | |

### NOTICE

**THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Type of Fuel: Nat. Gas ☐ L.P.G. ☐

**PERMIT FEES**

| No. | Type of Equipment | MBTU | Fee | |
|---|---|---|---|---|
| | Central Heating Plant (Steam) | S | | |
| | (Hot Water) | | | |
| | (Warm Air) | | | |
| | Conversion Burner | | | |
| | Floor Furnace | | | |
| | Wall Heater | | | |
| | Circulator | | | |
| | Space Heater | | | |
| | Unit Heater | | | |
| | Cooking Range | | | |
| | Hot Plate | | | |
| | Automatic Controls | | | |
| | Dryer | | | |
| | Water Heater | | | |
| | Bake Oven | | | |
| | Refrigerator | | | |
| | Steam Radiators | | | |
| | | | | |
| | | | | |
| | TOTAL MBTU | | | |
| | PERMIT | S | | |
| | TOTAL FEE | S | | |

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

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