



GAS PERMIT APPLICATION

Department of Community Development and Code Compliance
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OFFICE USE ONLY
APPLICATION #:
PERMIT #:
MASTER PERMIT #:

PROJECT INFORMATION

WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CHECK): RESIDENTIAL COMMERCIAL

CHECK ONE: NEW CONSTRUCTION ADDITION ALTERATION REPAIR OTHER

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE GAS WORK TO BE PERFORMED:

GAS TYPE (CHECK ONE): NATURAL PROPANE

IF PROPANE (CHECK ALL THAT APPLY): SETTING TANK RUNNING PRODUCT LINE (TANK TO BUILDING)
 RUN PIPE TO/CONNECT APPLIANCE(S) INSTALL GAS APPLIANCE(S)

GAS PRESSURE (CHECK ONE): LOW 2# 5# 10#

IF GAS APPLIANCES ARE TO BE INSTALLED AS PART OF THIS PROJECT, THIS SECTION MUST BE COMPLETED. PLEASE CIRCLE THE TYPE OF GAS APPLIANCES THAT WILL BE INSTALLED. INCLUDE BTUS. IF YOU NEED

TO RESEARCH THIS INFORMATION, BTU INFORMATION IS LISTED ON A LABEL ON THE APPLIANCE AND IS AVAILABLE FROM THE MANUFACTURER.

APPLIANCE TYPE	QUANTITY	BTU RATING (TOTAL)
GAS WATER HEATER	<input type="checkbox"/>	
GAS RANGE/OVEN	<input type="checkbox"/>	
GAS DRYER	<input type="checkbox"/>	
GAS FURNACE	<input type="checkbox"/>	
GAS LOGS	<input type="checkbox"/>	
GENERATOR	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>	

JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION):

PARCEL ID #:

BUILDING/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE):

WHAT IS THE ESTIMATED COST OF GAS WORK ONLY (MATERIALS AND LABOR)? DO NOT INCLUDE THE COST OF OTHER WORK IN THIS ESTIMATE

ESTIMATED COST:
\$

PLEASE NOTE: ALL CORRESPONDENCE WILL BE MADE BY EMAIL UNLESS OTHERWISE SPECIFIED

CONTACTS

OWNER'S NAME:

PHONE #:

PLEASE NOTE: IF THE PROPERTY OWNERSHIP HAS RECENTLY CHANGED, YOU MAY BE ASKED TO PROVIDE A COPY OF THE DEED

CONTRACTOR NAME:

DPOR LICENSE #:

CONTRACTOR ADDRESS:

CONTRACTOR PHONE #:

PRIMARY CONTACT FOR CORRESPONDENCE (NAME):

EMAIL:

PHONE #:

APPLICANT

LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW

CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT**

OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THIS SECTION (THE APPLICANT SECTION) AND THE "OWNER" (SECOND PAGE)

OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT**

APPLICANT SIGNATURE:

APPLICANT NAME (PLEASE PRINT):

DATE:

OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	PLANS/SPECS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR		
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:		
	PROFFERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFFER AMT. PAID: \$	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK # _____)	RCVD BY:		

APPLICANT NOTIFIED BY:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:	DATE:
PERMIT ISSUED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:	DATE: