

Application for Gas Permit
 Highlands County Building Dept.
 501 S. Commerce Ave.
 Sebring, FL 33870



Date: _____

PERMIT #: _____

JOB VALUATION _____

OWNER/TENANT NAME: _____

LOCATION: _____ CITY: _____ ZIP: _____

(IF MH PARK) NAME/LOT: _____ / _____

RCTEGNIF% C- _____

TYPE OF STRUCTURE: CB FRAME MH OCCUPANCY: Residential Commercial

TYPES OF APPLIANCES						
RESIDENTIAL				COMMERCIAL		
TYPE	LP	NAT		TYPE	LP	NAT
Range/Oven	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Furnace	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Space Heater	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Grill	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Spa/Pool Heater	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Gas Light	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL # OF OUTLETS:			TANK SET TO EXISTING SYSTEM?			

CONTAINERS							
Customer:		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased		YES	NO	
					Above Ground Tank?	<input type="checkbox"/>	<input type="checkbox"/>
# of Containers					Underground Tank?	<input type="checkbox"/>	<input type="checkbox"/>
Total Capacity: Pounds					Underground Tank Anchored?	<input type="checkbox"/>	<input type="checkbox"/>
or							
Total Capacity: Gallons							
Re-qualification date(s):							

Permit Fee: _____
 Certificate Completion: _____
 Surcharge: _____
 Total: _____

NAME OF INSTALLER: _____

INSTALLER OR AUTHORIZED AGENT SIGNATURE: _____ License #: _____

IF SIGNED BY AUTHORIZED AGENT, PLEASE PRINT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () FAX: ()

E-MAIL ADDRESS _____