



RESIDENTIAL GAS PIPING PERMIT APPLICATION

Gallatin, Tennessee

Date Applied _____/_____/20____

Project Address		Suite (if applicable)	Subdivision	Lot #
General Contractor for Project	Mailing Address		Phone	Email
Property Owner	Mailing Address		Phone	Email
Contractor	Mailing Address		Phone	Email
Agent	Mailing Address		Phone	Email
Class of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel			System: <input type="checkbox"/> Ounces or <input type="checkbox"/> Pounds If Pounds, List Service Size: _____	
Gross Square Footage:	Total BTU's:	Total # of Gas Appliances:	Underground? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Furnaces _____ # Water Heaters _____ # Cooking _____ # Gas Logs/Fireplace _____ # Outdoor _____ # Dryers _____ # Other _____
Gas Piping Layout:				

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 in commenced.

In the event the licensed contractor disclosed hereon is replaced on this project, the Gallatin Building Department shall be immediately notified. Failure to notify may result in revocation of this permit and is a violation of state law.

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. Contractor and/or homeowner/builder is responsible to adhere to all existing setbacks, easements, and/or buffer yards located on said property.

I hereby certify that I am the: **Owner** **Owner's Agent** and all official correspondence in connection with this application should be sent to my attention using the contact information for myself in the abovementioned.

Print or type name here

Date

Signature of Owner or Owner's Authorized Agent

*If access to the interior of the home is required, an inspector and an authorized agent of the contractor must be present for the inspection. Please schedule a time for the inspection, so that the contractor's agent can meet the inspector.