



GAS PERMIT

JURISDICTION OF CITY OF LA GRANGE

Job Address: _____ RESIDENTIAL COMMERCIAL INDUSTRIAL

OWNER

Name: _____ Phone: _____
 Mailing Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

CONTRACTOR

Name: _____ Registration No.: _____
 Mailing Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

**ARCHITECT/
DESIGNER**

Name: _____ Registration No.: _____
 Mailing Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

ENGINEER

Name: _____ Registration No.: _____
 Mail Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

Class of work: NEW ADDITION REMODEL REPAIR

Scope of work: _____

TYPE OF FUEL: NAT. GAS LPG.

PERMIT FEES

No.	Type of Equipment	MBTU	Fee
	Central Heating Plant (Steam)	3.00	\$
	(Hot Water)	3.00	
	(Warm Air)	3.00	
	Conversion Burner	3.00	
	Floor Furnace	3.00	
	Wall Heater	3.00	
	Circulator	3.00	
	Space Heater	3.00	
	Unit Heater	3.00	
	Cooking Range	3.00	
	Hot Plate	3.00	
	Automatic Controls	3.00	
	Dryer	3.00	
	Water Heater	3.00	
	Bake Oven	3.00	
	Refrigerators	3.00	
	Steam Radiator	3.00	
	Trailer & Mobile Home		
	Hook Up	7.50	
	Reinspection Fee	10.00	
	TOTAL MBTU		
PERMIT		\$	15 00
TOTAL FEES		\$	

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. 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 1 YEAR 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)

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