



Community Development Department
Building Division

4100 Indian Bayou Trail, Destin, FL 32541
Phone: (850) 654-1119 permits@cityofdestin.com

Gas Permit Application

DATE: _____

JOB SITE ADDRESS:: _____ PROJECT NAME: _____

PARCEL ID: _____ LOT: ____ BLOCK: ____ SUBDIVISION: _____

PROPERTY OWNER: _____ CONTRACTOR: _____

ADDRESS: _____ QUALIFIER NAME: _____

CITY, STATE, ZIP: _____ STATE LICENSE #: _____ COMP#: _____

PHONE: _____ FAX: _____ ADDRESS: _____

MOBILE/CELL: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

MOBILE/CELL: _____

CURRENT CODE: _____ CONTRACTOR EMAIL: _____

BUILDING TYPE: SINGLE FAMILY MULTI FAMILY COMMERCIAL

GIVE DESCRIPTION OF WORK TO BE DONE:

IMPROVEMENT TYPE: NEW REPAIR REPLACE ADDITION UPGRADE RENOVATION

PIPING FOR: NATURAL GAS LPS OTHER _____ NUMBER EQUIPMENT OUTLETS: _____

GAS EQUIPMENT TO BE INSTALLED: Water Heater Range Stovetop Grill Furnace/Heater Generator
 Clothes Dryer Fireplace Décor Lights Pool/Spa Heater Other: _____

TOTAL VALUE (MATERIAL & LABOR): \$ _____

If the direct contract is greater than \$2,500.00, the applicant/owner must file a NOTICE OF COMMENCEMENT.

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, ROOFING, and DOCKS, etc.

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Applicants Signature: _____ Date: _____

Reviewed By: _____ (Permit Official) _____ Date: _____

Applicants Printed Name: _____ Date: _____

Received by: _____ (initials) _____ Date: _____