

Gas Permit Application

Email this application to digitalpermits@orlando.gov

Projects utilizing Private Provider require submittal and application via our [Private Provider application service page](#).

Date: _____

Related Building Permit # (if applicable): _____

Job Site Address, Parcel ID # or Legal Description: _____

Job/Project Name: _____

Owner Name, Address, Phone: _____

Contractor Name: _____ Lic#: _____

Contractor Company Name, Address: _____

Phone: _____

Email: _____

Digital Plans Applicant Name: _____

Email: _____ Phone: _____

Work Description: _____

GENERAL

Type of Work (subtype - select one):	Addition	Alteration	Gas Piping
New	Repair/Replace	Accessory Structure	

Plan Review Type:	Commercial	Residential 1 or 2 Unit	Residential 3 or More Units
_____ Sq. feet*			_____ # of units

Related to Code Enforcement Action? (Y/N) _____ Estimated Construction Cost: \$ _____

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$5,000 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed in the Office of Permitting Services prior to scheduling your first inspection. FS 713.135(d).

GAS INFORMATION

Type of Gas: Natural LP Medical (indicate State Certification # in work description above)

of Gas Outlets: _____

FIXTURES

	Qty		Qty		Qty
Boiler	_____	Griddle	_____	Salamander	_____
Broiler	_____	Grill	_____	Space Heater	_____
CharBroiler	_____	Hot Plate	_____	Spa Heater	_____
Cooking Range	_____	Light Fixture	_____	Special Fixture	_____
Dryer	_____	Other	_____	Steam Table	_____
Fire Pit	_____	Oven	_____	Tankless Water Heater	_____
Fireplace	_____	Pizza Oven	_____	Water Heater	_____
Fryer	_____	Pool Heater	_____	Wok Table	_____
Furnace	_____	Rice Cooker	_____	Yard Light	_____
Generator	_____	Roof Top Unit	_____		

48 Hours before you dig call SUNSHINE 1.800.432.4770. It's the Law in Florida.

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances regulating gas and plumbing work.

Owner/Contractor/Agent: _____ **Date:** _____

Print Name: _____

**NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT
PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.**

Owner: _____ **Date:** _____

Print Name: _____ (Owner)

(Owner)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____day of _____, 202_, by _____ as _____, _____, a Florida _____, on behalf of the company, who is personally known to me or has produced _____ as identification.

Notary Public Signature

Print Name: _____

My Commission Expires: _____

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or visit online at orlando.gov/permits.