

**DELAWARE COUNTY  
APPLICATION FOR FUEL GAS PIPING PERMIT**

06/07/07

Date: \_\_\_\_\_

Application Number: \_\_\_\_\_

Project Name:  
\_\_\_\_\_

Project Location:  
\_\_\_\_\_

Between: \_\_\_\_\_ and \_\_\_\_\_

City/Village: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Township: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address  
\_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

LP provider (if applicable) \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address \_\_\_\_\_

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<b>How Occupied:</b> Single family _____	Two family _____	Three family _____
Multi-family _____ (#. of units _____)	Commercial/ Industrial _____	OBC Construction Type _____
New construction _____	Addition _____	Alteration _____

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**Appliances:** (Please mark all that apply by indicating the number of each)

_____ Furnace/Water Heater	_____ Pre Fab Fireplace	_____ Other (indicate)
_____ Cook Top	_____ Range	_____ Masonry Fireplace Log Lighter
_____ Clothes Dryer		_____ Manufactured Appliance

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**Fees:** \$50 plus \$10 per appliance (*Note: the primary furnace and primary water heater will be considered as one (1) appliance for the purposes of calculating fees*) (*Note: For Residential Projects add 1% to total. For Commercial Projects add 3% to total*)

Total number of appliances \_\_\_\_\_ X \$10 = \_\_\_\_\_ + \$50 = \_\_\_\_\_ **Total Permit Fee**

*Note: the fuel gas piping rough inspection is encouraged to be scheduled at the same time as the HVAC rough; if the fuel gas piping rough is performed separately or if it results in an additional trip, a trip charge of \$50 will be assessed by the inspector*

Certification; I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. We agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware.

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Signature of Owner/Agent

Print or type name here

Date

Phone # (\_\_\_\_\_) \_\_\_\_\_

**COMMERCIAL ONLY:**

I hereby certify that by signing this, I understand the current state licensing requirements for all commercial specialty contractors as regulated by Ohio Construction Industry Examining Board.

Licensed: \_\_\_\_\_ Yes \_\_\_\_\_ No State License # \_\_\_\_\_

Signature of Contractor \_\_\_\_\_ Date: \_\_\_\_\_

(Commercial Specialty Contractors Only)