

# Gas Permit Application

Email this application to [digitalpermits@orlando.gov](mailto: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<sup>1</sup>: \_\_\_\_\_ Lic#: \_\_\_\_\_

Contractor Company Name<sup>1</sup>, Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<sup>1</sup>Current license and insurance information must be registered with Permitting Services or provided with this application.

Digital Plans Applicant Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Description: \_\_\_\_\_

## GENERAL

Type of Work (subtype - select one):    Addition            Alteration            Gas Piping

New Structure

Repair/Replace

Accessory Structure

Plan Review Type:            Commercial            Residential 1 or 2 Unit            Residential 3 or More 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](http://orlando.gov/permits).