



APPLICATION FOR GAS PERMIT

Town of Cape Charles Building Department

Municipal Building

2 Plum Street

Cape Charles, VA 23310

(757) 331-2176 Fax (757) 331-4820

codeofficial@capecharles.org

PLEASE FILL OUT FORM COMPLETELY

Date _____

Building Permit Number: _____

(IF APPLICABLE)

A permit is hereby requested to install the following gas work at:

Street address: _____

Owner Name & Mailing Address: _____

Owner Phone #: _____

Builder: _____

Builder Phone #: _____

Building: _____ New _____ Existing _____ Addition _____ Moved

Building Type: _____ Residential _____ Commercial

Equipment: _____ New (000) _____ Replace (200) _____ Conversion (400)

Gas Type: _____ Natural _____ Propane

Please indicate the # of gas outlets to be installed:

Boiler		Grill	
Dryer		Roof Top Unit	
Furnace		Space Heater	
Fireplace		Shut Off Valve Only	
Water Heater		Generator	
Gas Logs		Gas Pack	
Lighter		Apollo System	
Pool Heater		Gas Lamp	
Hot Tub Heater		Bun Warmer	
Fryer		Steam Table	
Range		Rice Cooker	
Wok		Smokehouse	
Oven		Industrial Equipment	
Broiler		Kettle	
Release Required		Cheese Melter	
Commercial Meter Release		Kiln	
Relocate Meter		Propane Service Line	

Additional Information: _____

Applicant's Company Name: _____

State Registration # (Class A, B or C): _____

Email Address: _____ Fax #: _____

(Certified Master Tradesman) Signature: _____

Print Name: _____

Contract Value \$ _____ Fee \$ _____ **APPROVED BY:** _____

I understand this permit is granted only for the work shown and described in this application.

Any falsification, misrepresentation or misleading information given VOIDS this permit.