

CITY OF FLORIDA CITY
 Building and Zoning Department
 404 West Palm Drive Florida City, FL 33034
 305-247-8222

GAS PERMIT APPLICATION

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:

Location of Improvements Address _____ Unit _____ Folio _____	Contractor Information Cert.No. _____ Contractor Name _____ Qualifier Name _____ Qualifier SS _____ 999-99- _____ Address _____ City _____ St _____ Zip _____ Phone _____
Use of Property Current Use _____ Description of Work _____ Value of Work _____	Owner Information Name _____ Address _____ City _____ St _____ Zip _____ Phone _____
Architect/ Engineer Name _____ Address _____ City _____ St _____ Zip _____ Phone _____	

Type of Improvements

() New Construction () Alteration Interior () Change of Contractor () Repair () Repair due to Fire () Renewal

Item	Qty
Bottled / LP (Gal)	
Natural (Outlets)	
Range	
Oven	
Water Heater	
Dryer	
Meter	
Repair Lines	
Install or Remove Tanks	
Petroleum Dispensor	
Petroleum Emergency Shut Off	

Other _____

If this property is under the jurisdiction of a homeowner's association, you should review the guidelines set forth by that organization and present your plans for review and approvals by the association prior to making any improvements to the property.

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for Building Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters and Roofing work and there may be additional permits required from other

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate.

WARNING TO OWNER: If your job cost exceeds \$2500.00 you must file a Notice of Commencement with the Clerk of the Courts in Miami-Dade County. Failure to do so may result in you paying twice for the improvements to your property. If you intend to obtain financing, consult your attorney or lender before recording your Notice of Commencement.

Signature of Owner or Owner's Agent _____

Print Name _____

Signature of Qualifier _____

Print Name _____

Sworn to and subscribed to me this _____ day of _____ 20

Sworn to and subscribed to me this _____ day of _____ 20

Personally known () Produced Identification ()

Personally known () Produced Identification ()

Type of Identification Produced _____

Type of Identification Produced _____