



115 EAST M. L. KING, JR. DRIVE  
 HINESVILLE, GA. 31313  
 (912) 876-4147  
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# FUEL GAS

## PERMIT APPLICATION

PROJECT LOCATION:		SUBDIVISION:		LOT / UNIT NUMBER:	
PROPERTY OWNER:		HOME PHONE:		MOBILE:	
MAIL ADDRESS			CITY:		STATE: ZIP:
CONTRACTOR:		OFFICE PHONE:		MOBILE/CELL#	
MAIL ADDRESS:			CITY:		STATE: ZIP:
LICENSE TYPE:		STATE LICENSE NUMBER:		EXPIRATION DATE:	
BUILDING OCCUPANCY TYPE:		CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR			
BRIEF WORK DESCRIPTION:				TOTAL ESTIMATED COST: \$	

**TYPE OF GAS**  LIQUID PROPANE  NATURAL  MEDICAL

**GAS PIPING MATERIAL**  COPPER  CORRUGATED STAINLESS STEEL TUBING (CSST)  STEEL / IRON

ITEM #	GAS APPLIANCE or OUTLET CONNECTION	QUANTITY	BTU's	LOCATION ON PREMISES or OTHER REVELANT INFORMATION
1				
2				
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10				

ARE THERE SEPARATE SHEET(S) FOR ADDITIONAL ITEMS ATTACHED TO THIS APPLICATION?  YES  NO

I, the STATE LICENSED PLUMBING CONTRACTOR, LIQUID PROPANE DEALER or RESIDING PROPERTY OWNER of the FUEL GAS system, certify that I will personally install, alter or repair a FUEL GAS system and supervise the installation of all components, piping, fixtures, fittings and devices associated with the FUEL GAS system located on the premises indicated above and I agree to comply with all rules, regulations and codes governing FUEL GAS system installations within the city limits of Hinesville, GA .

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEPARTMENTAL PERSONNEL USE ONLY BELOW THIS LINE**  
**WHEN PROPERLY VALIDATED, THIS IS YOUR PERMIT-DO NOT BEGIN WORK UNTIL THE PERMIT NUMBER IS ASSIGNED BELOW.**

APPROVED BY:	DATE:	PERMIT FEE: \$	PERMIT NUMBER:
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**COMMENTS**

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# FUEL GAS PERMIT APPLICATION CONTINUATION SHEET

ITEM #	GAS APPLIANCE/OUTLET CONNECTION	QUANTITY	BTU	LOCATION ON PREMISES
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