



**Community Development Department
Building Safety Division
840 West 11th Street
Panama City, FL 32401
850-248-8350**

B19G – GAS PERMIT APPLICATION

Residential Commercial

Property Owner	Property Owner Name:		Phone:
	Property Street Address:		Unit:
	Property City:	State:	Zip:
	Parcel ID:	Property Owner Email:	
Contractor Info	Contractor Company Name:		Phone:
	Contractor Email:		
	Primary Point of Contact (for Inspection Purposes):		
	Point of Contact Email:		Phone:
	Florida Contractor License or Bay County Competency Card Number:		

Job Value: \$			
<input type="checkbox"/>	List each New or Existing Appliance(s) / Type:		
<input type="checkbox"/>	Number of Appliances:	Size (BTU):	2 Ton:
<input type="checkbox"/>	Location of Appliances:		
<input type="checkbox"/>	Pipe Size(s):	Length of Run(s):	Type(s) of Piping:
<input type="checkbox"/>	Propane	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Self-Contained
<input type="checkbox"/>	Other:		

Use:
Detail Scope of Work:
Note: FBC 107.3.5 EXEMPT FROM PLAN REVIEW: Residential only - Replacing existing residential equipment, with similar size and type, such as water heaters, etc. Any change of fuel type (i.e., electric to gas) will require plans review

CONTRACTOR - PRINTED NAME

OWNER – PRINTED NAME

CONTRACTOR - SIGNATURE - DATE

OWNER - SIGNATURE - DATE