



# Gilchrist County Building Department

209 SE 1<sup>st</sup> Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

Date Submitted: \_\_\_\_\_

## Fuel Gas Permit Application

*Please print*

Owner/Applicant Information		
Owner Name:		
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:		
Contractor Name:		License #:
Authorized Agent Name:		<input type="checkbox"/> Affidavit on File <input type="checkbox"/> Affidavit Attached
Owner/Builder Affidavit must be submitted if owner applying for permit		
Contact Information		
Name:		Address:
City:	State:	Zip:
Contact Phone:		Alternate Contact #:
Fax Number:		Email:
Project Information		
<b>Job Valuation: \$</b>		<b>N.O.C Required, if \$2,500 and over in value</b>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Project Address:		
City:	State:	Zip:
Parcel Number:		
Description of work to be done:		
<b>YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.</b>		

\_\_\_\_\_  
Signature of Owner/Contractor/Agent

\_\_\_\_\_  
Date

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_ (Printed Name of Individual Acknowledging)

Individual identified by:  Personal Knowledge  Satisfactory Evidence: Type: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Printed Name of Notary Public or Stamp