



Gilchrist County Building Department

209 SE 1st 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		
Job Valuation: \$		N.O.C Required, if \$2,500 and over in value
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Project Address:		
City:	State:	Zip:
Parcel Number:		
Description of work to be done:		
<p>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.</p>		

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Signature of Owner/Contractor/Agent

Date