

**DELAWARE COUNTY
APPLICATION FOR FUEL GAS PIPING PERMIT**

6/8/20

Date: _____ Application Number: _____

Project Name: _____

Project Location: _____

Between: _____ and _____

City/Village: _____ Zip Code: _____ Township: _____

Owner: _____ Telephone: () _____

Address _____

Contractor: _____ Telephone: () _____

Address: _____ Email Address: _____

LP provider (if applicable) _____ Telephone: () _____

Address _____

Site Contact: _____ Telephone () _____

Email _____

How Occupied: Single family _____ Two family _____ Three family _____
Multi-family _____ (#. of units _____) Commercial/ Industrial _____ OBC Construction Type _____
New construction _____ Addition _____ Alteration _____

Total Square footage (includes basement) _____

Appliances: (Please mark all that apply by indicating the number of each)
_____ Furnace/Water Heater _____ Other (indicate) _____
_____ Cook Top _____ Pre Fab Fireplace _____ Masonry Fireplace Log Lighter
_____ Clothes Dryer _____ Range _____ Manufactured Appliance

Fees: \$25 application fee, plus \$50 plus \$1/100 square feet (Note: Residential - add 1% State of Ohio fee to total. For Commercial - add 3% State of Ohio fee to total)
Note: the fuel gas piping rough inspection is encouraged to be scheduled at the same time as the HVAC rough; if the fuel gas piping rough is performed separately or if it results in an additional trip, a trip charge of \$75 (Residential: + 1% State of Ohio fee; Commercial: +3% State of Ohio fee) will be assessed by the inspector.

Certification; I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. We agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware.

Signature of Owner/Agent _____ Print or type name here _____

Phone # () _____ Date: _____

COMMERCIAL ONLY:
I hereby certify that by signing this, I understand the current state licensing requirements for all commercial specialty contractors as regulated by Ohio Construction Industry Examining Board.
Licensed: _____ Yes _____ No State License # _____
Signature of Contractor _____ Date: _____
(Commercial Specialty Contractors Only)