

**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, including the Department of Building Safety Virtual Inspection Program.

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)