



Town of Windermere

614 Main Street
P.O. Drawer 669
Windermere, FL 34786
Phone: 407-876-2563

Date: _____

Permit No: _____

Application for Gas Permit

WARNING TO OWNER: 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

PLEASE PRINT

The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below on property.

Project Address _____, Windermere 34786
Property Owner _____ Phone _____
Property Owner's Mailing Address _____

Tax I.D. Number: Section _____ Township _____ Range _____ Sub _____ B&L _____
Legal Description: Lot _____ Block _____ Subdivision _____

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

Date First Inspection Desired: _____ or will call for inspection

ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE, INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS

GAS OUTLETS _____ DELIVERY PRESSURE _____

APPLIANCES: TOTAL # BTU'S _____

BOILER _____ BTU _____ each
DRYER _____ BTU _____ each
FIREPLACE _____ BTU _____ each
FURNACE _____ BTU _____ each
RANGE _____ BTU _____ each
WATER HEATER _____ BTU _____ each
GRILLS _____ BTU _____ each
POOL HEATER _____ BTU _____ each
SPA _____ BTU _____ each

SPECIAL COMMENTS

MISCELLANEOUS:
_____ BTU _____ each
_____ BTU _____ each
_____ BTU _____ each

ESTIMATED JOB COST \$ _____
TOTAL PERMIT FEE \$ _____

REVIEWER _____

I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT

Name of Active Certificate Holder _____
State Registration or Certification Number _____

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and Town Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

Authorized Signature (License Holder or Agent) _____
Street Address _____
City _____ State _____ Zip Code _____ Phone Number _____

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number _____