



City of Belle Isle

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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.

DATE OF APPLICATION: _____ **PERMIT NUMBER** _____

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

Project Address _____, Belle Isle FL ___32809 ___32812

Property Owner _____ Phone _____

Property Owner's Mailing Address _____ City _____

State _____ Zip Code _____ **Parcel Id Number:** _____

To obtain this information, please visit <http://www.ocpafi.org/Searches/ParcelSearch.aspx>

Class of Building: Old New **Type of Building:** Residential Commercial Other

Type of Work: New Alteration Addition Repair

GAS OUTLETS _____ DELIVERY PRESSURE _____ TOTAL # BTU'S _____

***** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED *****

GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

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

Type of Appliance	Qty	Value of Each*
DRYER		\$
FURNACE		\$
FIREPLACE		\$
RANGE		\$
WATER HEATER		\$
GRILL		\$
POOL HEATER		\$
SPA		\$
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ _____

Special Comments: _____

*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: _____	Date _____
Verified Contractor's Licenses & Insurance are on file _____ Date _____	

Permit Fee \$ _____

Review Fee \$ _____

1% BCAIB Fee \$ _____

1.5% DCA Fee \$ _____

Total Permit Fee \$ _____

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City 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.

LICENSE HOLDER SIGNATURE _____ LICENSE # _____

LICENSE HOLDER NAME _____ COMPANY NAME _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Email Address _____

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 _____