CITY OF FULTONDALE
INSPECTIONS DEPT.
1015 Old Walker Chapel Rd, P. O. Box 699, Fultondale, Alabama 205-841-8306

GAS PERMIT APPLICATION

(Commercial Jobs $50,000 & over requires a State of Alabama General Contractor's License)

JOB ADDRESS: _____

SUBDIVISION_____LOT_____

OWNER/BUILDER'S NAME: _____

Gas permit shall be based on the number of fixtures/items to be installed, replaced or repaired as listed herein.

WORK TO BE PERFORMED	***# of Fixtures***
□ LOG LIGHTER	_____
□ FLOOR FURNACE	_____
□ CONSUMER PIPING OUTLETS	_____
□ CENTRAL HEATING FURNACE	_____
□ CENTRAL HEATING BOILERS	_____
□ WATER HEATER	_____
□ CLOTHES DRYER	_____
□ POWER BOILERS	_____
□ UNIT HEATERS	_____
□ RECESSED HEATERS	_____
□ ROOM HEATERS – VENTED	_____
□ ROOM HEATERS-UNVENTED	_____
□ INFRARED RADIANT HEATER	_____
□ CONVERSION BURNERS	_____
□ INCINERATORS	_____
□ APPLIANCE VENTS (when separate)	_____
□ INDUCED DRAFT FANS	_____
□ BAROMETRIC DAMPERS	_____
□ DRAFT CONTROL SWITCH	_____
□ GENERAL APPLIANCE REPAIRS	_____
□ RANGE (COMMERCIAL)	_____
□ OVENS	_____
□ OTHER	_____
□ PROPANE TANKS, CONTAINERS & DISPENSING EQUIPMENT	_____
TOTAL FIXTURES	_____

Complete Appropriate Item(s) Below:

☐ **NEW RESIDENTIAL STRUCTURES, PER DWELLING UNIT**
$20.00 for 1-10 fixtures; $10.00 for each additional fixture

☐ **EXISTING RESIDENTIAL STRUCTURES, PER DWELLING UNIT**
$20.00 for 1-10 fixtures; $10.00 for each additional fixture

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☐ **NEW COMMERCIAL STRUCTURES, PER UNIT**
$30.00 for 1-10 fixtures; $10.00 for each additional fixture

☐ **EXISTING COMMERCIAL STRUCTURES, PER UNIT**
$30.00 for 1-10 fixtures; $10.00 for each additional fixture

FOR NON RESIDENTIAL ONLY: State of Alabama Construction Industry Craft Training (CICT) Fee ($1.00 PER $1,000):

Total Construction Cost:_____

TOTAL FEE AMOUNT $_____
TOTAL PERMIT COST $_____

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING GAS INSTALLATION.

GAS CONTRACTOR: _____

ADDRESS:_____
City State Zip Code Telephone#

SIGNATURE OF MASTER GAS FITTER_____

BUILDING OFFICIAL DATE PERMIT FEE PERMIT NO.