



**City of Duluth  
Construction Services & Inspections Division**

411 West First Street • Room 210 • Duluth, Minnesota • 55802-1194  
218-730-5300 • Fax: 218-730-5901 • www.duluthmn.gov/onestop/

An Equal Opportunity Employer

# Gas Piping Permit Application

Street Address	Owner Name	Owner Phone
Is a meter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Select one:</b> Owner Occupied 1 or 2-Family <input type="checkbox"/> Other Residential <input type="checkbox"/> Commerical <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/>	<b>Type of improvement</b> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair, replacement or alteration

**Description of improvement**

Number of fixture openings Type #	Minimum acceptable valuation (labor and materials)		
Gas Furnace/Boiler	Number of Gas Appliances	\$500 X	# openings = \$
Gas Stove/Oven			
Gas Dryer	Underground Gas Piping	\$75	# lineal feet = \$
Gas Water Heater			
Gas Fireplace			

  

<p><b>Show location of outside piping with dimensions if possible</b></p> <div style="text-align: center;"> </div>	<p><b>Calculated Valuation * Total \$</b></p> <p><b>Labor and Material Valuation*</b> \$</p> <p><i>* must be equal to or greater than the calculated valuation</i></p> <p><b>Permit Fee ^</b> \$</p> <p><i>^use permit fee schedule to calculate fee</i></p> <p><b>State Surcharge</b> \$</p> <p><b>TOTAL DUE \$</b></p>
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**Water Heater Type** (circle):      Standard      On Demand      Both Types

**Metering Pressure** (circle):      7" Water Column      2# Elevated Pressure

In consideration of the issue and delivery to me by the city of Duluth of a permit to install the gas piping work indicated above, I agree to do said proposed work in strict accordance with all City ordinances and applicable State regulations relative to same, and that when the work is ready, I shall notify the Division of Construction Services requesting that an inspection be made of said work, as required by City ordinance.

Licensee, cardholder or owner signature	Date	Company Name
Master License #	Company Address	
Pipelayers Card # (outside sewer & water only)	Phone	Fax

**Office Use Only**      Permit Number      Issued By      PIN