

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

<p><b>Show location of outside piping with dimensions if possible</b></p>	<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.

<b>Applicant Signature</b>	<b>Date</b>
Licensee, cardholder or owner signature	Date
Master License #	Company Name
Pipelayer's Card # (outside sewer & water only)	Company Address
	Phone      Fax

<b>Office Use Only</b>	Permit Number	Issued By	PIN
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