

Date: _____ **Call Back#:** _____ **Fax Back#:** _____
Building Permit #: TEB _____ **Gas Permit #: TBN** _____ **Plumbing Permit #: TBP** _____
Contractor: _____ **License #:** _____
Job Address: _____ **UNIT #** _____ **Cost of Improvement: \$** _____
Owner: _____ **Parcel ID#:** _____

A. TYPE OF IMPROVEMENT	C. CLASS OF BUILDING	(Proposed Use)
02 ADDITION	01 ONE FAMILY	09 WAREHOUSE
03 ALTERATION / REPAIR	02 TWO FAMILY	15 BUSINESS
10 SWIMMING POOL	03 TRIPLEX	16 AMUSEMENT, RECREATIONAL
	04 QUADRIplex	17 CHURCH, OTHER RELIGIOUS
	05 MULTI FAMILY _____units	18 INDUSTRIAL
	06 ROOMING HOUSE _____units	19 PARKING GARAGE
	07 HOTEL, MOTEL _____units	20 SERV. STATION, REP GARAGE
	08 DORMITORY _____units	21 HOSPITAL, INSTITUTIONAL
	12 SINGLE FAMILY ATTACHED	22 OFFICE, PROFESSIONAL
	35 MOBILE HOME	24 PUBLIC UTILITY
		25 SCHOOL, LIBRARY, EDUCATION
		26 STORES, MERCANTILE
		28 DAY CARE
		30 MULTI - USE
		32 COMM ACCESSORY STRUCTURE
		37 RESTAURANTS
		____ OTHER SPECIFY _____

CERTIFICATION: I, the above listed Contractor, acknowledge, by applying for this permit and signing below, that the **replacement appliances or devices** are installed in accordance with the manufacturer's instructions and the Florida Building Code, and have verified all connections are properly connected.

GAS PERMIT INFORMATION

DRYER: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
DRYER: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
GAS LOGS: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
GAS LOGS: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
PATIO GRILL: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
PATIO GRILL: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
RANGE: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
RANGE: APPLIANCE STICKER No.: _____ MODEL No.: _____ BTUs: _____
WATER HEATER: APPLIANCE STICKER No.: _____ No. of GALLONS: _____ MODEL No.: _____ BTUs: _____
60g or less
WATER HEATER: APPLIANCE STICKER No.: _____ No. of GALLONS: _____ MODEL No.: _____ BTUs: _____
60g or less
OTHER: _____ APPLIANCE STICKER No.: _____ MISC INFO: _____

PLUMBING PERMIT INFORMATION

BACKFLOW PREVENTER REPLACEMENT: APPLIANCE STICKER No.: _____ BACKFLOW PREVENTER SIZE: _____
2" or less
BACKFLOW PREVENTER REPLACEMENT: APPLIANCE STICKER No.: _____ BACKFLOW PREVENTER SIZE: _____
2" or less
WATER HEATER: APPLIANCE STICKER No.: _____ No. of GALLONS: _____ MODEL No.: _____
60g or less
WATER HEATER: APPLIANCE STICKER No.: _____ No. of GALLONS: _____ MODEL No.: _____
60g or less
OTHER: _____ APPLIANCE STICKER No.: _____ MISC INFO: _____

NOTE: By applying for this permit and signing below, I understand that I may be contacted by the City of Tallahassee Inspector, to schedule an inspection for the permitted appliance(s), to assure compliance of the code has been met.

Contractors Signature: _____ **Date:** _____