



# City of High Springs

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110 NORTHWEST FIRST AVENUE  
HIGH SPRINGS, FLORIDA 32643  
TELEPHONE: (386) 454-1416 Ext 230  
FACSIMILE: (386) 454-5322

## **GAS PERMIT APPLICATION**

1. Date \_\_\_\_\_
2. Property Owners Name \_\_\_\_\_
3. Owners Address \_\_\_\_\_
4. Job Site Address \_\_\_\_\_
5. Contractor \_\_\_\_\_ License # \_\_\_\_\_
6. Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Parcel # \_\_\_\_\_

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### FEES:

Residential New, Renovation, Addition: \$85.00

Commercial Permit Fee per Evaluation Schedule

\* Provide a drawing with the gas permit application showing the appliances their BTU ratings and the size and length of the existing and/or proposed gas lines. Begin at the meter with piping. The permit shall not be issued without this information.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not.

\_\_\_\_\_  
Signature of contractor or agent