

HERNANDO COUNTY COMMERCIAL LP/NATURAL GAS PERMIT CHECKLIST

- _____ 1. Project Name (Business Name)
- _____ 2. Shopping Center Name
- _____ 3. Four (4) site plans (may use County site plan form or survey) showing existing and proposed structures; L P gas tank locations, type, and size; distances from tank to structures, driveways, property lines and ignition sources where applicable.
- _____ 4. Legal description of property (subdivision name-lot-block-unit).
- _____ 5. L P/Natural Gas Permit Application (filled out completely).
- _____ 6. Four (4) sets of drawings drawn to 1/4" scale to include floor plans; gas piping layout, sizing, and material; appliance location and BTU requirement; vent sizing and location; regulator location; tank location (if adjacent to structure); exterior openings (windows, doors, etc.); sources of ignition (A.C. condenser, electrical receptacle, pool heater, etc.).
- _____ 7. If your site is in either a "V" or "A" flood zone, in a flood way, or has high water table, submit two (2) working drawings detailing method of anchorage to prevent flotation of L P tanks.
- _____ 8. Gas Installation Sheet (completed).

Your application will not be processed if any one of the items listed above are incomplete or missing.

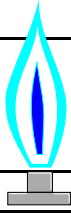
An application for any proposed work becomes void if not picked up within 30 days.

Please return this checklist for review and verification. Should you have any problems or questions, see the Commercial Permit Representative.

Signature of Contractor/Agent/Owner **Date**

Checked By: _____

NOTICE OF COMMENCEMENT MUST BE RECORDED AT THE CLERK'S OFFICE AND POSTED ON THE JOB SITE FOR JOBS OF \$2,500 VALUATION OR MORE. WARNING: CERTIFIED COPY OF RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED BEFORE PERMIT IS ISSUED.



**HERNANDO COUNTY
COMMERCIAL LPGAS/NATURAL GAS
PERMIT APPLICATION**

Application Number

Fax Number: _____

Key # _____

Describe Work To Be Done: _____
 Valuation Of Work To Be Done: \$ _____
 Legal Description: Lot _____ Block _____ Subdivision _____ Unit _____
 Address Of Job Site: No. _____ Street _____ City _____ State _____ Zip _____
 Directions To Job Site: _____

Project Name _____ **Shopping Center Name** _____
 Property Owner: _____ Phone: _____
 Address _____ City _____ State _____ Zip _____ Interest
 In Property: _____
 Name Of Fee Simple Titleholder(If other than Owner) _____
 Address _____ City _____ State _____ Zip _____
L P/ NATURAL GAS CONTRACTOR _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 License Number _____ (State Certification or Hernando # Only)

Contact Person Name & Phone #: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, ETC.

OWNER'S AFFIDAVIT: I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT FOR JOBS EXCEEDING \$2,500.00 MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

 Owner or Agent (Including Contractor) Print Name

State of _____ County of _____
 The foregoing instrument was sworn to and subscribed before me this _____ day of _____, 20____
 by _____, (_____) who is personally known to me or who has produced
 _____ as identification.

_____ Notary Public 2

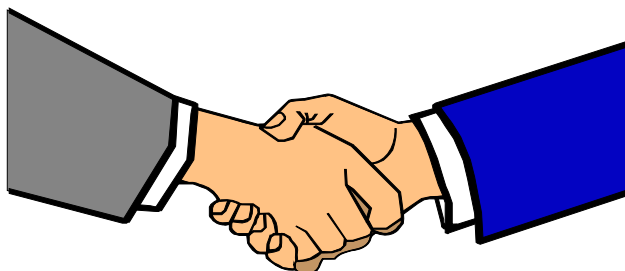
INSPECTION SCHEDULE FOR L P GAS

1. Underground Gas Inspection (piping).
2. Rough-In Gas Inspection - concealed interior piping and venting (minimum pressure test 30PSIG for 24 hours).
3. Final Gas Inspection - after gas is on, appliances connected and Manometer Pressure Test Certificate completed.

Hernando County Development Department
789 Providence Blvd.
Brooksville, FL 34601
Phone (352) 754-4096

Fax (352) 754-4151

www.co.hernando.fl.us



**HERNANDO COUNTY
DEVELOPMENT
DEPARTMENT
GAS INSTALLATION SHEET**

PERMIT NUMBER _____

Construction Address _____

Name of Installer and/or Supplier _____

APPLIANCES

Appliances		BTU:
___ Range	_____	_____
___ Water Heater	_____	_____
___ Furnace	_____	_____
___ Space Heater	_____	_____
___ Dryer	_____	_____
___ Grill	_____	_____
___ Pool/Spa Heater	_____	_____
___ Other	_____	_____
___ Total No. of Outlets		_____ Total No. BTU'S

CONTAINERS

	YES	NO
Above Ground Tank	_____	_____
Underground Tank	_____	_____
Underground Tank Anchored	_____	_____
Installation Two-Stage	_____	_____
Number of Containers: _____		
Total Capacity: Lbs. _____ or Gallons _____		
Customer Owned _____ or Leased _____		

SYSTEM

Natural Gas _____ Or LPGAS _____
Design Pressure: _____

Distance from tank to House: _____ Size and _____ Type

Line from Tank to House: _____ Size and _____ Type _____

Line Size and Type to all Appliances: _____ line _____ Size
If Using Split System _____ Need Detailed Layout with ALL Pipe Sized