

HERNANDO COUNTY 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.

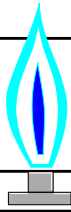
Please return this checklist for review and verification. Should you have any problems or questions, see the Permit Representative.

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
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 _____

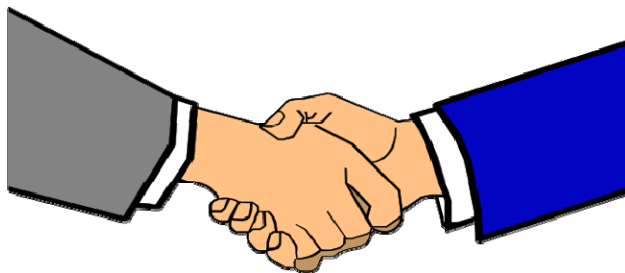
The foregoing instrument was sworn to and subscribed before me this _____ day of _____, 20____
by _____, (____) who is personally known to me or who has produced
_____ as identification.

Notary Public

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 Building Department
789 Providence Blvd. Brooksville, FL 34601
Phone (352) 754-4096
Fax (352) 754-4151
www.hernandocounty.us**



**HERNANDO COUNTY
BUILDING
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

Hernando Co. Bldg. Dept., 789 Providence Blvd, Brooksville, FL 34601 (352) 754-4050 • Fax (352) 754-4151