



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:

<u>Range</u>	_____	_____
<u>Water Heater</u>	_____	_____
<u>Furnace</u>	_____	_____
<u>Space Heater</u>	_____	_____
<u>Dryer</u>	_____	_____
<u>Grill</u>	_____	_____
<u>Pool/Spa Heater</u>	_____	_____
<u>Other</u>	_____	_____

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

NOTICE

ATTENTION HOMEOWNERS

Are you purchasing a new gas range? Do you have an existing microwave? If so, your existing microwave may not comply with the necessary clearance requirements (too low above range) and could lead to a possible fire hazard.

Florida Building and Gas Codes, Sections G2447.5 and 623.7, require the top of your gas range, be no closer than 30" to the bottom of your microwave. The clearance sometimes can be reduced to 24"; if the microwave manufacturer has specifications permitting the reduced clearance.

As part of your purchase of a Gas Range a contractor has secured a permit for the installation of the fuel gas piping.

Be advised your inspector cannot approve this permit unless the code required clearances as stated above are met.

Licensed Contractors

As contractor of record I, hereby attest and affirm I have provided this Notice to the owner/customer. I understand code requirements with aspect to appliance clearances must be complied with and failing to do so, will result in failure of my Final inspection. A copy of this notice will be maintained on-site with the permit.

Permit _____ License #_____

Contractor: _____ Date: _____