



GAS PERMIT APPLICATION

Building, Planning & Zoning
212 North Main Street
Greensboro, Ga. 30642
706-453-7967
706-453-2912 fax

Permit Number: _____ Permit Fee: _____ Date Approved: _____

OWNER INFORMATION

Owner Name: _____ Phone: _____
Job Address: _____ Cell: _____
Subdivision: _____
City/State: _____ ZIP: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Phone: _____
Contractor Address: _____ Cell: _____
City/State: _____ ZIP: _____ Fax: _____
Email: _____
Business License No. _____ County of Issue: _____
State of GA Plumbing Certification No. _____
(Please provide a copy of license.) *Required unless Homeowner-Affidavit must be signed by Homeowner

Type of fuel: Natural _____ LP _____

Equipment: How Many Each Line

Hot Water Heater _____ BTU _____

Heating System _____ BTU _____

Cooking Range _____

Dryer _____

Bake Oven _____

Refrigerator _____

Fireplace _____

Grill _____

Other _____

Base fee for Gas (See Fee Schedule)

Re-inspection Fee--\$100.00

Contractor/Homeowner Signature: _____ Date: _____