

**GAS PERMIT APPLICATION**

**CITY OF JACKSON  
BUILDING DEPARTMENT**

**Telephone: (731) 425-8262**

**Fax: (731) 425-8228**

Contractor Information: ID Number: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Licensed Tradesman: \_\_\_\_\_

If you do not have a contractor number assigned by the City you must fill out a request for said number. Ask for the Contractor ID Number Application. Pipe Fitters in the city must be licensed by the City.

Property Information:

Project Number: \_\_\_\_\_ — \_\_\_\_\_ Commercial Review Number: \_\_\_\_\_ — \_\_\_\_\_  
or  
Residential Building Permit Number: : \_\_\_\_\_ — \_\_\_\_\_

Work Location (Address & Space): \_\_\_\_\_

Proposed Use (Tenant Name): \_\_\_\_\_

Location: [ ] CITY [ ] COUNTY

Project Name (Complex Name): \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner Name (Per Deed): \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Class of Work:

[ ] New [ ] Addition [ ] Alteration [ ] Repair [ ] Move [ ] Remove

Description of Work: \_\_\_\_\_

Outlets: \_\_\_\_\_ Conversion Burners: \_\_\_\_\_ Floor Furnaces: \_\_\_\_\_ Boilers: \_\_\_\_\_

Central Heat: \_\_\_\_\_ Wall Furnace: \_\_\_\_\_ Water Heater: \_\_\_\_\_ Other: \_\_\_\_\_

Valuation of Work: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**- NOTICE -**

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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 WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT \_\_\_\_\_ (DATE)  
SIGNATURE OF OWNER (IF OWNER/BUILDER) \_\_\_\_\_