

CITY OF SALISBURY

Department of Infrastructure & Development
 125 N. Division St., Rm. #202
 Salisbury, MD 21801
 Ph: 410-548-3130
 www.salisbury.md

GAS PERMIT APPLICATION

Date:		Permit#:	
Location:		Describe Work:	
Owner's Name:		Master Gas Fitter's Name:	MD License#
Owner's Address:	Address:		Address:
	City:	State:	Zip:
Check Two:	Gas Service: <input type="checkbox"/> New <input type="checkbox"/> Existing		Bus. Ph#: () -
			Cell #: () -
	Use of Building:		
QTY #	FIXTURE	FIX AMT.	TOTAL
	Hot Water Heater	\$10.00	
	Stove/Range	\$10.00	
	Outdoor Appliances (Grill, etc....)	\$10.00	
	Heating Equipment	\$10.00	
	Fireplace	\$10.00	
	Clothes Dryer	\$10.00	
	Boiler	\$10.00	
	Generator	\$10.00	
	Distribution Pipes	\$10.00	
	Fixtures Not Listed	\$10.00	
1	Gas Permit Fee	\$30.00	\$30.00
<i>(Must Provide Certificate of Insurance)</i>		TOTAL FEES DUE:	

I hereby understand that whenever, the opinion of the Building Official, drawings and specifications are required, I shall furnish such drawings and specifications.

I further understand that it is my responsibility to give reasonable advance notice to the Department of Infrastructure & Development when gas work is ready for inspection.

I acknowledge that I have read this application and state the above is correct. Furthermore, I agree to comply with all City Ordinances and State Laws regulating gas work.

I certify that I am a Maryland Registered and Licensed Gas Fitter as required by the City of Salisbury and the State of Maryland.

Signature of Master Gas Fitter

Date

Date Rc'vd:

Date Paid:

Date Issued:

Cash/Check #:

Approved for Code Compliance

Building/Plumbing Official