

GAS PERMIT # _____

JURISDICTION OF THE CITY OF MADISONVILLE

Applicant to complete numbered spaces only.

Job Address _____

Legal Description	Blk. No.	Tract		
Owner	Mail Address	Zip	Phone	
Contractor	Mail Address	Zip	Phone	
Architect or Designer	Mail Address	Zip	Phone	
Engineer	Mail Address	Zip	Phone	

Use of Building _____

Class of Work: New Addition Alteration Repair Move Remove

Describe Work: _____

Special Conditions: _____

Application Accepted by _____ Plans Checked by _____ Approved for Issuance by _____

NOTICE

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.

Signature of Contractor or Agent _____ Date _____

Signature of Owner (If Owner Builder) _____ Date _____

PERMIT FEES

No.	Type of Equip.	MTSU	Fee
_____	Central Heating Plant	_____	_____
_____	Steam	_____	_____
_____	Hot Water	_____	_____
_____	Warm Air	_____	_____
_____	Conversion Burner	_____	_____
_____	Floor Furnace	_____	_____
_____	Wall Heater	_____	_____
_____	Circulator	_____	_____
_____	Space Heater	_____	_____
_____	Unit Heater	_____	_____
_____	Cooking Range	_____	_____
_____	Hot Plate	_____	_____
_____	Automatic Controls	_____	_____
_____	Dryer	_____	_____
_____	Water Heater	_____	_____
_____	Bake Oven	_____	_____
_____	Refrigerator	_____	_____
_____	Steam Radiators	_____	_____

Total Fee \$ _____

Amount Paid _____
 Check or Cash _____
 Check Number _____
 Receipt Number _____
 Date of Payment _____
 Clerk's Initials _____