

Gas Permit Application

Town of Gentryville

240 W Boone Street -----P.O. Box 261-----Gentryville, IN 47537

Phone: 937-2407

Fax: 937-2303

Location Improvement Permit

Permit Number: _____

Date Issued: _____

Permit Fee \$40.00 (\$30.00 inspection, \$10.00 Office Fee)

Final Inspection Date: _____

Date Paid: _____

Building Location: _____

Type of Improvement: _____

Gas Service Panel Size: _____

Proposed use of building: _____

Zoning Classification: _____

Structure Type: Masonry _____ Wood Frame _____ Log _____ Steel _____

Reinforced Concrete _____ Mobile Home _____ Modular Home _____

Estimated cost of Project: _____

Foundation Type: Crawl Space _____ Basement _____

Concrete Slab _____ Wood _____ Other _____

Gas Contractor: _____

Phone Number: _____

Applicant (Name
& Address, Please
print)

Phone Number _____

*Attach a site location map and mark the location of the structure on the map. On the map also mark all setbacks (in feet) from all boundary lines to the structure.
Map may be drawn on back of application.

Town of Gentryville Building Inspector: Phil Brown, 686-3134. Please call to set up an inspection date/time.

I hereby certify that the information contained within is correct and true to the best of my knowledge. I agree to abide by all applicable laws of this jurisdiction and to inform the building commission if any changes are made affecting this application.

Applicant's Signature: _____

Date: _____