



**TOWN OF CAPE CHARLES  
APPLICATION FOR GAS PERMIT**

Date \_\_\_\_\_

BUILDING PERMITS NUMBER: \_\_\_\_\_

(IF APPLICABLE)

**A permit is hereby requested to install the following gas work at:**

Street address: \_\_\_\_\_ Lot # / Suite # \_\_\_\_\_

Owner / Occupant Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Builder: \_\_\_\_\_ Builder phone #: \_\_\_\_\_

Building: 0 New                      0 Existing                      0 Addition                      0 Moved

Building Type:    0 Residential            0 Commercial

Equipment:        0 New (000)            0 Replace (200)    0 Conversion (400)

Gas Type:            0 Natural 0 Propane

**Please indicate the # of Gas Outlets to be Installed**

Boiler		Grill	
Dryer		Roof Top Unit	
Furnace		Space Heater	
Fireplace		Shut Off Valve Only	
Water Heater		Generator	
Gas Logs		Gas Pack	
Lighter		Apollo System	
Pool Heater		Gas Lamp	
Hot Tub Heater		Bun Warmer	
Fryer		Steam Table	
Range		Rice Cooker	
Wok		Smokehouse	
Oven		Industrial Equipment	
Broiler		Kettle	
Release Required		Cheese Melter	
Commercial Meter Release		Kiln	
Relocate Meter		Propane Service Line	

Additional information: \_\_\_\_\_

Applicant's Company Name: \_\_\_\_\_ State Registration # (Class A,B,C): \_\_\_\_\_

(Certified Master Tradesman) Signature: \_\_\_\_\_

Contract Value \$ \_\_\_\_\_ Fee \$: \_\_\_\_\_

**I understand this permit is granted only for the work shown and described in this application; Any falsification, misrepresentation or misleading information given  
VOIDS this permit.**

**Municipal Building – 2 Plum Street – Cape Charles, Virginia 23310  
(757) 331-3259                      Fax (757) 331-4820**