

**TOWN OF KENT  
BUILDING DEPARTMENT**

25 Sybil's Crossing Kent Lakes New York 10512  
845-225-3900



## Application for Propane Gas Permit # \_\_\_\_\_

**Location:** \_\_\_\_\_ **Tax Map #:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Owners Address:** \_\_\_\_\_

**Phone #: H:** \_\_\_\_\_ **C:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #: B:** \_\_\_\_\_ **C:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Put.Co. Lic # :** \_\_\_\_\_

**Nature of Work:** Boiler (heating Sys.) \_\_\_\_ Furnace \_\_\_\_ Hot Water \_\_\_\_ Range / Stove \_\_\_\_  
Bar-B-Que \_\_\_\_ Air Handler \_\_\_\_ Roof Unit \_\_\_\_ Dryer \_\_\_\_ Pool \_\_\_\_ Generator \_\_\_\_  
Fire place \_\_\_\_ Other \_\_\_\_\_

**Pipe:** Underground: \_\_\_\_\_ Above ground \_\_\_\_\_

**Tank installation:** Underground \_\_\_\_\_ Above Ground \_\_\_\_\_

**Permit Fees: Circle one**

**Underground Tanks – \$100.00**

**Residential - \$50.00 ( up to 5 fixtures) Additional Fixtures \$10.00 each**  
**Commercial - \$100.00 ( up to 5 fixtures) Additional Fixtures \$100.00 each**  
**Industrial - \$100.00 ( up to 5 fixtures) Additional Fixtures \$100.00 each**

**All Re-inspection – \$75.00**

**I certify that work to be installed will be performed in accordance with all Federal, State and Local codes**

\_\_\_\_\_  
**Signature of Company Representative**

\_\_\_\_\_  
**Date**

-----Office use only: -----  
**Date received:** \_\_\_\_\_ **BY:** \_\_\_\_\_

**FEE:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Money Order** \_\_\_\_\_

**Rough inspection Date:** \_\_\_\_\_ **Tag#** \_\_\_\_\_

**Year** \_\_\_\_\_ **Pass** \_\_\_\_\_ **Fail** \_\_\_\_\_

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**GAS TEST AFFIDAVIT**

**Installation Contractor:** \_\_\_\_\_ **P.C Lic #** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Phone #:** **B:** \_\_\_\_\_ **C:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Expected Start date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Owners Address:** \_\_\_\_\_

**Type of Dwelling:** \_\_\_\_\_ **Single Family** \_\_\_\_\_ **Multi-Family** \_\_\_\_\_ **Comm. / Indust.** \_\_\_\_\_ **Other** \_\_\_\_\_

**Nature of Work:** Boiler (heating Sys.) \_\_\_\_\_ Furnace \_\_\_\_\_ Hot Water \_\_\_\_\_ Range / Stove \_\_\_\_\_  
Bar-B-Que \_\_\_\_\_ Air Handler \_\_\_\_\_ Roof Unit \_\_\_\_\_ Dryer \_\_\_\_\_ Pool \_\_\_\_\_ Generator \_\_\_\_\_  
Fire place \_\_\_\_\_ Other \_\_\_\_\_

**Pipe:** Underground: \_\_\_\_\_ Above ground \_\_\_\_\_

**Tank installation:** Underground \_\_\_\_\_ Above ground \_\_\_\_\_

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I, \_\_\_\_\_, Certify that header and gas pipe piping has been tested for one (1) hour with 25 pounds or air without any drop in pressure.

Or, I have tested same as above for one (1) hour with a Magnehelic gauge (0 to 15 psi, testing to equal 5 psi minimum) or Magnehelic gauge (0 to 150") in water column, testing to equal 5 psi.

\_\_\_\_\_  
Company Installer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building / Fire Inspector Town of Kent

\_\_\_\_\_  
Date