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:	Ov	vners Address:		
Phone #: H:	C:	Email:		
Contractor:		_Address:		
Phone #: B:	C:	Email:		
Put.Co. Lic # : _				
Nature of Wo		Furnace Hot Water Range / Stove r Roof Unit Dryer Pool Generator		
Pipe: Undergro	und: Above §	ground		
Tank installation	: Underground Above (Ground		
Permit Fees: Circ	cle one			
Project cost or va	aluation:			
Underground Ta	nks – \$100.00			
Commercial - \$1	0.00 (up to 5 fixtures) Additiona 100.00 (up to 5 fixtures) Additio 0.00 (up to 5 fixtures) Additiona	nal Fixtures \$100.00 each		
All Re-inspection	n – \$75.00			
I certify that wor	rk to be installed will be perform	ed in accordance with all Federal, State and Local codes		
Signature of Con	npany Representative	Date		

Permit are good for one (1) year

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GAS TEST AFFIDAVIT

Installation Contractor:		P.C	Lic #	
Company Address:				
Phone #: B:	C:	E	nail:	
Expected Start dat	te:			
Location:				
Owner:		Owners Address:		
Type of Dwelling: _	Single Family	Multi-Family _	Comm. / Indust	Other
Nature of Work:	Boiler (heating Sys.) Bar-B-Que Air Ha Fire place Other	ndler Roof Unit	Water Range / Stov Dryer Pool _	
Pipe: Underground	l: Abov	re ground		
Tank installation: U	Inderground Abo	ve ground		
	rith 25 pounds or air w			ipe piping has been tested
	ame as above for one (gnehelic gauge (0 to 15	• /	0 0 ,	psi, testing to equal 5 psi
Company Installer	r Signature			Date
Building / Fire Ins	spector Town of Kent			Date