



DEPARTMENT OF COMMUNITY DEVELOPMENT
 BUREAU OF PERMITS AND INSPECTION
 ROOM 110 CITY HALL
 900 E. BROAD STREET
 RICHMOND, VIRGINIA 23219
 PHONE (804) 646-6955
 FAX (804) 646-1569

GAS PIPING PERMIT APPLICATION

PERMIT NO. **N**

PROJECT NO. **B**



THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION TO START ANY WORK. NO WORK SHALL START UNTIL A PERMIT IS POSTED ON THE JOB SITE.

CONTRACTOR/OWNER INFORMATION

1 JOB/PROPERTY ADDRESS (STREET & NUMBER) _____ 2 FLOOR/ROOM NO. _____

3 CONTRACTOR NAME _____ 4 LICENSE TYPE _____ 5 CLASS A B C 6 STATE LICENSE NO. _____

7 CONTRACTOR STREET ADDRESS _____ 8 CONTRACTOR TELEPHONE NO. _____

9 CITY _____ STATE _____ ZIP CODE _____ 10 CONTRACTOR FAX NO. _____

11 PROPERTY OWNER NAME _____ 12 PROPERTY OWNER ADDRESS/ZIP _____ 13 OWNER DAYTIME TELEPHONE NO. _____

BUILDING INFORMATION

14 DESCRIBE CURRENT STRUCTURE USE _____ 15 DESCRIBE PROPOSED STRUCTURE USE _____

OFFICE USE ONLY	16 NEW ACCESSORY BLDG. <input type="checkbox"/> ACC	17 ADDITION <input type="checkbox"/> ADD	18 RESIDENTIAL GARAGE <input type="checkbox"/> AD1	19 RESIDENTIAL DECK <input type="checkbox"/> AD2	20 OPEN PORCH <input type="checkbox"/> AD3	21 ENCLOSED PORCH <input type="checkbox"/> AD4	22 ALTER/REMODEL LIGHT <input type="checkbox"/> AL1
	23 ALTER/REMODEL HEAVY <input type="checkbox"/> AL2	24 DEMOLITION <input type="checkbox"/> DEM	25 TENANT FITUP <input type="checkbox"/> FUP	26 FOUNDATION ONLY <input type="checkbox"/> FOU	27 NEW BUILDING <input type="checkbox"/> NB	28 MOVING/RELOCATION <input type="checkbox"/> REL	29 REPAIR/REPLACEMENT <input type="checkbox"/> REP

30 IF 1 OR 2 FAMILY ATTACHED 1 FAMILY 2 FAMILY DETACHED 1 FAMILY 2 FAMILY

31 IF MULTIFAMILY, NUMBER OF UNITS PER STRUCTURE _____

32 CHECK ONE (IF APPLICABLE) 1. LODGING HOUSE 2. NURSING HOME 3. ADULT CARE RESIDENCE

COST INFO

33 TOTAL VALUE OF CONTRACT INCLUDING MATERIAL, LABOR, SUBCONTRACTS OVERHEAD AND PROFIT \$ _____

WORK DESCRIPTION

34 DESCRIBE SCOPE OF WORK _____

CONTACT INFORMATION

35 CONTACT PERSON _____ 36 CONTACT PHONE NO. _____ 37 CONTACT FAX NO. _____

38 CONTACT ADDRESS _____ ZIP CODE _____ 39 EMAIL _____

40 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED? YES NO NAME _____ PHONE NO. _____

41 ENGINEER NAME _____ 42 ENGINEER PHONE NO. _____ 43 ENGINEER FAX NO. _____ 44 EMAIL _____

TYPE OF WORK TO BE DONE

FOOTAGE OF PIPE TO BE INSTALLED				QTY	GAS EQUIPMENT	TOTAL BTU'S
PLASTIC	STEEL/IRON	TYPE L COPPER	CSST			
3/8	_____	3/8	_____	_____	GAS WATER HEATER	_____
1/2	_____	1/2	_____	_____	GAS GENERATOR	_____
3/4	_____	3/4	_____	_____	GAS BOILER	_____
1	_____	1	_____	_____	GAS FURNACE	_____
1 1/4	_____	1 1/4	_____	_____	GAS OVEN	_____
1 1/2	_____	1 1/2	_____	_____	GAS RANGE	_____
2	_____	2	_____	_____	GAS FRYER	_____
2 1/2	_____	2 1/2	_____	_____	GAS GRILL	_____
3	_____	3	_____	_____	GAS LIGHTS	_____
3 1/2	_____	3 1/2	_____	_____	GAS AIR CONDITIONER	_____
4	_____	4	_____	_____	GAS LOGS	_____
5	_____	5	_____	_____	GAS FIREPLACE	_____
6	_____	6	_____	_____	GAS POOL HEATER	_____
8	_____	8	_____	_____	GAS SAUNA	_____
					GAS CLOTHES DRYER	_____
					OTHER (SPECIFY)	_____

GAS PRESSURE: _____ LOW _____ 2# _____ 5#

GAS PERMIT NO. _____

TYPE OF GAS SERVICE: _____ NATURAL _____ PROPANE

QTY	GAS EQUIPMENT	BTU's
_____	Gas Wok	_____
_____	Rice Cooker	_____
_____	Package Unit	_____
_____	Roof Top Unit	_____
_____	Other	_____
_____	100 gal propane tank	_____

ASBESTOS CERTIFICATION

A | _____ (NAME OF APPLICANT) B CERTIFY THAT THE BUILDING AT _____ (ADDRESSES, FLOOR OR SUITE) HAS BEEN INSPECTED OR MEETS THE EXCEPTIONS OF SECTION 110.3, THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE. THE ASBESTOS ABATEMENT WILL BE DONE AS PER REQUIREMENT OF THE "CLEAN AIR ACT" NATIONAL EMISSION STANDARD FOR THE HAZARDOUS AIR POLLUTANT (NESHAPS) AND OSHA "STANDARDS FOR CONSTRUCTION WORKERS".

C SIGNATURE _____

OFFICE USE ONLY

HISTORICAL DISTRICT YES NO VIOLATION ON PROPERTY YES NO TAX REHAB. NO. _____ ICC TYPE OF CONSTRUCTION _____

DELINQUENT TAXES DUE? YES NO AMOUNT OWED \$ _____ DATE PAID _____

EXISTING USE GROUP _____ PROPOSED USE GROUP _____ FEE CALC. TYPE S U B C PERMIT FEE _____ FEE RECEIVED _____ RECEIPT NO. _____ CASH CHECK CREDIT CARD

IS PROPERTY IN 100 YR FLOOD PLAIN? YES NO FLOOD ELEV. _____ SITE ELEV. _____ CHESAPEAKE BAY PROTECTION AREA? YES NO CHESAPEAKE BAY MANAGEMENT AREA? YES NO

APPLICATION APPROVED BY _____ DATE _____ APPLICATION DISAPPROVED BY _____ DATE _____

A COPY OF YOUR STATE CONTRACTOR'S LICENSE AND BUSINESS LICENSE MUST BE ON FILE BEFORE A PERMIT WILL BE ISSUED.

BY SUBMITTING THIS APPLICATION, I CERTIFY I AM IN COMPLIANCE WITH THE CODE OF VIRGINIA, SECTION 54.1-1100 ET SEQ; RULES AND REGULATIONS OF THE VIRGINIA BOARD OF CONTRACTORS AND CHAPTER 14, CODE OF THE CITY OF RICHMOND.

FEE SCHEDULE - BASED ON VALUE OF CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.

VALUE OF WORK INCLUDES LABOR, MATERIALS, SUBCONTRACTS, OVERHEAD AND PROFIT. THE FEE IS BASED ON CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.	RESIDENTIAL ONLY - 1 & 2 FAMILY		COMMERCIAL ONLY	
	VALUE OF WORK	PERMIT FEE	VALUE OF WORK	PERMIT FEE
	\$0 - \$2000	\$63.00	\$0 - \$2000	\$131.00
OVER \$2000	\$63.00*	OVER \$2000	\$131.00*	

* Add \$6.064 per thousand or fraction thereof for residential construction.
* Add \$8.489 per thousand or fraction thereof for commercial construction.
* Add a 2% state surcharge to the final calculated fee.

USE GROUP CODES	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
	A1A	THEATER/STAGE	B4	CAR WASH	H3	HIGH HAZARD	NU	NO USE SANCTIONED VACANT STRUCTURE
	A1B	THEATER NO STAGE	B5	FIRE STATION	H4	HIGH HAZARD	R1M	MOTEL
	A2A	NIGHTCLUB	B6	FUNERAL HOME	H5	HIGH HAZARD	R2A	DORMITORIES
	A2B	RESTAURANT EAT IN	B7	LAUNDRY	I1	GROUP HOMES 6 OR MORE	R2B	MULTIFAMILY
	A3B	MUSEUM/ART GALLERY	B8	MEDICAL OFFICE	I2A	INSTITUTIONAL INCAPACITATED	R2C	LODGING HOUSES
	A3C	LIBRARY	B9	OFFICE	I2B	INSTITUTIONAL DAY NURSERY	R3A	1&2 FAMILY OVER 3 STORIES
	A3D	PASSENGER TERMINAL	B10	BUSINESS - OTHER	MU	MIXED USE	R5A	SINGLE FAMILY ATTACHED UNDER 4 STORIES
	A3F	LECTURE HALL	E1	EDUCATION/SCHOOL 1 TO 12	M1	RETAIL CONVENIENCE STORE	R5B	TWO FAMILY ATTACHED UNDER 4 STORIES
	A3G	RESTAURANT FAST FOOD	E2	DAYCARE OVER 2 1/2 YEARS	M2	RETAIL DEPARTMENT STORE	R5C	SINGLE FAMILY DETACHED UNDER 4 STORIES
	A3H	CHURCH	F1	FACTORY MODERATE HAZARD	M3	RETAIL SUPERMARKET	R5D	TWO FAMILY DETACHED UNDER 4 STORIES
	A4A	RECREATION CENTER	F2	FACTORY LOW HAZARD	M4	RETAIL STORE	R4A	ASSISTED LIVING 5 TO 16 PEOPLE
	B1	AUTO DEALERSHIP	H1	HIGH HAZARD	M5	RETAIL AUTO SERVICE STATION	S1	STORAGE MODERATE HAZARD
	B2	DENTIST/DOCTOR'S OFFICE	H2	HIGH HAZARD	R1H	HOTEL	S2	STORAGE LOW HAZARD
	B3	BANK					U	TEMPORARY/MISC

INSTRUCTIONS ON FILLING OUT A GAS PIPING PERMIT APPLICATION

At the top right hand corner of the application is a capital N. This is the space where your permit number will be written after you have paid for the permit. There is also a capital B, this is where you will write any building permit number that is associated with the plumbing permit application for gaswork.

Box #1 - Fill in the number & street address where the work is being done.

Box #2 - This is to be used on multi-story commercial and multi-family residential projects. It can be left blank on single family and duplex permit applications.

Box #3 - Fill in the name of the contractor doing the work or your name if you are the owner/tenant and are applying for the permit as the owner/tenant.

Box #4 - Fill in the classification that is on your contractor's license such as GFC.

Box #5 - Check the class of license located on your contractor's license.

Box #6 - Fill in state board of contractor's license number. It will always begin with 2701 or 2705 and be followed by six digits. Do NOT use a license number that begins with 2710 as this is a tradesman card number and does not allow you to apply for a permit.

Box #7 - Fill in the contractor's street address.

Box #8 - Fill in the contractor's telephone number.

Box #9 - Fill in the contractor's city, state and zip code.

Box #10 - Fill in the contractor's fax number.

Box #11 - Fill in the name of the property owner.

Box #12 - Fill in the property owner's address.

Box #13 - Fill in the property owner's daytime phone number.

Box #14 - Fill in the current use of the property such as restaurant, single family dwelling, duplex, etc.

Box #15 - Fill in the proposed use of the property such as restaurant, office, duplex, etc.

Boxes #16 through #29 - Office use only.

Box #30 - Fill in when dealing with single family houses and duplexes. Note the detached and attached designation. If the house stands alone and does not touch the house on either side, it is detached.

Box #31 - Fill in the number of apartment units in the building.

Box #32 - Check the appropriate box, if applicable.

Box #33 - COST INFORMATION - Fill in the cost of all labor, materials, overhead, subcontracts and profit. This may be used to determine how much you pay in permit fees.

Box #34 - Give a brief description of the work to be done.

Box #35 - Fill in the name of the person to contact if there are questions about the application or drawings.

Box #36 - Fill in the contact person's phone number.

Box #37 - Fill in the contact person's fax number.

Box #38 - Fill in the contact person's complete address.

Box #39 - Fill in the contact person's e-mail, if available.

Box #40 - Check whether or not you would like to be called to pick up the permit. If you check "yes", fill in your name and phone number.

Box #41 - If submitting drawings done by an engineer please fill in their name here.

Box #42 - Fill in the Engineer's phone number.

Box #43 - Fill in the Engineer's fax number.

Box #44 - Fill in the Engineer's e-mail address.

Under: TYPE OF WORK TO BE DONE - FOOTAGES OF PIPE TO BE INSTALLED - fill in the footages of pipe to be installed by each pipe size and under the column heading of the type of pipe.

GAS EQUIPMENT - List the quantity in the space beside the appropriate equipment and write the total BTU load in the space provided.

GAS PRESSURE - Please mark if this a LOW, 2# or 5# gas piping system.

GAS PERMIT NUMBER - This is the space you will write the permit number you received from the Department of Public Utilities. A G will always precede this eight-digit number.

TYPE OF GAS SERVICE - Check the appropriate box.

Box #A, B & C - Fill out the asbestos certification with the Applicant's name, property address and signature, if renovating an existing commercial structure. (This section is not applicable to residential structures of 4 units or less.)

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA.