

**GAS PERMIT APPLICATION**



City of West Melbourne  
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West Melbourne, FL 32904  
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(321) 952-9542 Fax  
[buildingpermits@westmelbourne.gov](mailto:buildingpermits@westmelbourne.gov)

**FOR OFFICE USE ONLY**

Tax ID# \_\_\_\_\_

Permit # \_\_\_\_\_

Entered by: \_\_\_\_\_

Application Date: \_\_\_\_\_

Job Name: \_\_\_\_\_ Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor's Firm: \_\_\_\_\_ Qualifier's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Permit Type: \_\_\_ Residential \_\_\_ Commercial

\_\_\_ Notice of Commencement, if over \$2500.00 Value of Construction \$ \_\_\_\_\_

Gas Type: \_\_\_ Natural \_\_\_ L/P Type of Piping: \_\_\_\_\_

BTU requirements total and for gas pipe branches: \_\_\_\_\_

What will the operating pressure be? \_\_\_\_\_

Piping size for main and branches: \_\_\_\_\_

Piping length for main and branches: \_\_\_\_\_

What table did you use from NFPA to determine the pipe size and length? \_\_\_\_\_

If L/P, what is the pressure between the first stage regulator and second stage regulator? \_\_\_\_\_

Is this gas installation for a natural gas generator? \_\_\_ Yes \_\_\_ No L/P gas generator? \_\_\_ Yes \_\_\_ No

If for a generator, submit marked survey with generator location and clearances to building and lot lines along with approximate location of gas line. Show gas meter location. (see sample page attached)

If this gas installation is for an L/P generator, submit marked survey and also include L/P tank location with clearances to building, lot lines and any driveway (see sample page attached)

Any gas pipe for operation at a pressure of 2 PSI or less requires a pressure test of 3 PSI. A maximum gauge size allowed is 15 PSI. Test duration not less than 10 minutes for residential. All gas piping shall be tested at 1-1/2 times of the working pressure. Test gauges shall not be more than 5 times the required test pressure of any gas pipe.

Plastic underground pipe requires a full length tracer wire or foil tape.

Any underground or concealed pipe will require an inspection and pressure test before covering or concealing. Any pipe concealed prior to inspection WILL be required to be fully uncovered.

**NO GAS LINE MAY BE PUT INTO OPERATION UNTIL TESTED, INSPECTED AND APPROVED BY THE CITY OF WEST MELBOURNE.**

Fee Simple Title Holder: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Bonding Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SUB-CONTRACTOR INFORMATION:**

Plumbing: \_\_\_\_\_ State Reg./Cert. No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Valuation: \_\_\_\_\_ Signature: \_\_\_\_\_

Electrical: \_\_\_\_\_ State Reg./Cert. No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Valuation: \_\_\_\_\_ Signature: \_\_\_\_\_

**APPLICANT'S AFFIDAVITS**

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2020 Edition. I understand that all permits require inspections as indicated. **This permit application is valid for 180 days from date of submission.**

\_\_\_ I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
 PROPERTY OWNER SIGNATURE  
 STATE OF FLORIDA  
 COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_  
 \_\_\_\_\_  
 who is personally known to me, or has produced \_\_\_\_\_  
 \_\_\_\_\_  
 as identification.

\_\_\_\_\_  
 Notary Signature as to Property Owner

\_\_\_\_\_  
 QUALIFIER'S SIGNATURE  
 STATE OF FLORIDA  
 COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_  
 \_\_\_\_\_  
 who is personally known to me, or has produced \_\_\_\_\_  
 \_\_\_\_\_  
 as identification.

\_\_\_\_\_  
 Notary Signature as to Qualifier