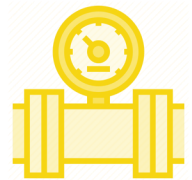




# GAS



## TRADE PERMIT APPLICATION

City of Charleston

1. GENERAL INFORMATION	2. CONTRACTOR INFORMATION
<p>Address of Work: _____</p> <p>Unit/Suite #s: _____</p> <p>Total # of units included in scope: _____</p> <p>Property Owner: _____</p> <p>Property Owner Phone: _____</p> <p>Property Owner Email: _____</p> <p>TMS #: _____ Flood Zone: _____</p> <p>Is this application for a <u>stand-alone</u> or <u>sub-permit</u>?</p> <p><input type="checkbox"/> Stand-alone <input type="checkbox"/> Sub-permit (Requires master permit)</p> <p>Building (master) permit number: _____</p>	<p>Company Name: _____</p> <p>Company Address: _____</p> <p>Contact Name: _____</p> <p>Email: _____</p> <p>Office Phone: _____ Field Phone: _____</p> <p>City of CHS Business License #: _____</p> <p>SC LLR License #: _____</p> <p>Type of SC State License: _____</p>

3. PROJECT INFORMATION		
<p>Detailed work description: _____</p> <p>_____</p>		
<p>Total value of construction (\$): _____ Type of service: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Underground <input type="checkbox"/> LP Above Ground</p>		
<p>Is a new meter required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Propane Supplier (if applicable): _____</p> <p>Total Number of Fixtures Added/Altered: _____</p> <p>Please indicate the appropriate building type: <input type="checkbox"/> Accessory <input type="checkbox"/> Single Family/Duplex <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family</p>		
<p>Type of Work (please check all that apply):</p>		
<b>SERVICE</b>	<b>BUILDING DISTRIBUTION (Piping)</b>	
<input type="checkbox"/> New Service for New Building	<input type="checkbox"/> Add New Distribution System Piping	<input type="checkbox"/> Repair/Replace Existing System Piping
<input type="checkbox"/> New/Upgraded Service for Existing Building	<b>APPLIANCES</b>	
<input type="checkbox"/> Additional Service for Existing Building	<input type="checkbox"/> Outside Appliances(grills, firepits, etc.)	<input type="checkbox"/> Furnace
<input type="checkbox"/> Repair of Existing Service	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Generator
<input type="checkbox"/> Reactivation of Disconnected Service	<input type="checkbox"/> Pool Heater	<input type="checkbox"/> Gas Lanterns/Lights
		<input type="checkbox"/> Water Heater
<input type="checkbox"/> Other (please explain): _____		

# GAS PERMIT APPLICATION

Please use the table below to indicate all required inspections

4. INSPECTIONS	
<input type="checkbox"/> Under-slab (within building footprint)	<input type="checkbox"/> Pre-Service*
<input type="checkbox"/> Underground (outside building footprint)	<input type="checkbox"/> Final
<input type="checkbox"/> Rough-in	
<input type="checkbox"/> Other (please explain):	

\*In order to have a meter reactivated or new meter installed, a Pre-Service inspection is required. A Pre-Service inspection requires test pressure on the entire system.

To reactivate a meter that has been locked off or disconnected for more than 1-year will require a Pre-Service inspection.

NOTE:

Anytime a project requires or has multiple meters, the meter connection MUST be permanently labeled with the approved address including suite/unit or the designation as supplied and approved by the Utility Provider.

The City of Charleston Building Inspections Division will not inspect or release a meter to be re-installed when the meter was removed by someone other than the Utility Provider.

Preparer Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

This line to be completed by the person(s) completing this permit application.