

CITY OF FORT PAYNE

Inspections Department
100 Alabama Avenue N.
Fort Payne, Alabama 35967
Telephone: (256) 845-5180
FAX: (256) 845-5157

Permit No:	_____
Associated with:	_____
Date issued:	_____

I, the undersigned, hereby make application to the Building Inspections Department of the City of Fort Payne for a permit to repair, install and/or add gas fixtures to the facility located at the specified address. I understand that all work must be in compliance with the requirements of the Standard Gas Code and the laws and ordinances of the State of Alabama and the City of Fort Payne, and cannot begin until a permit is issued. I further understand that all work must be inspected while in progress.

Owner:	
Owner address:	
Owner telephone:	
Job location:	
Contractor:	
Licensed:	City: () Yes () No..... State: () Yes () No
Residential:	() Yes () No
Occupancy:	
Improvement:	
Gas demand:	
Installations (Contractors please list each fixture):	
_____	_____
_____	_____
_____	_____
_____	_____
Comments:	
Total fee:	\$ _____

OWNER/CONTRACTOR: _____

DATE: _____

GAS INSPECTOR: _____