

Application # _____

Craven County Inspections Department
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www.cravencountync.gov



GAS LINE PERMIT APPLICATION

Date: _____

PERMIT FEE: \$ _____

APPLICANT/CONTRACTOR:

Name: _____ *Contractor License (if applicable) #: _____

Address: _____

Phone: _____

PROPERTY OWNER:

Name: _____ Address: _____

City: _____ Phone: _____ Parcel I.D. # ____ - ____ - ____

JOB SITE ADDRESS: _____

DIRECTIONS: _____

TYPE OF GAS PIPING: _____

TYPE OF GAS SYSTEM: _____

Connecting fixture(s):

Stove	___	Furnace	___	Pool Heater	___
Cook Top	___	Grill	___		
Oven	___	Wall Heater	___		
Dryer	___	Gas Pack	___		
Water Heater	___				
		TOTAL FIXTURE(s):		Connected	___

IF BONDING REQUIRED WHERE LOCATED _____

Other (please explain) _____

Applicant/Owner Signature: _____ **Date:** _____