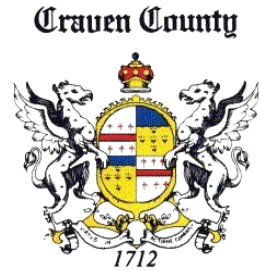


Application # \_\_\_\_\_

Craven County Inspections Department  
2824 Neuse Boulevard  
New Bern, NC 28562  
(252) 636-4987, Fax (252) 636-4984

www.cravencountync.gov



**GAS LINE PERMIT APPLICATION**

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

PERMIT FEE: \$ \_\_\_\_\_

**APPLICANT/CONTRACTOR:**

Name: \_\_\_\_\_ \*Contractor License (if applicable) #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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 \_\_\_\_\_ Fireplace/Gas Logs \_\_\_\_\_

Oven \_\_\_\_\_ Wall Heater \_\_\_\_\_

Dryer \_\_\_\_\_ Gas Pack \_\_\_\_\_

Water Heater \_\_\_\_\_

TOTAL number of fixtures to be connected \_\_\_\_\_

IF BONDING REQUIRED WHERE LOCATED \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Applicant/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_