



**CITY OF WINDER**  
23 NORTH JACKSON STREET  
PO BOX 566  
WINDER, GEORGIA 30680  
770-867-3510  
**GAS PERMIT REQUEST**

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

Owner's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Subdivision Lot Number: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A COPY OF STATE AND LOCAL LICENSE IS REQUIRED WITH APPLICATION**

- |  |   |
|--|---|
| <input type="checkbox"/> Gas Furnace (# _____)       | <input type="checkbox"/> Gas Space Heater (# _____) |
| <input type="checkbox"/> Gas Water Heater (# _____)  | <input type="checkbox"/> Gas Range (# _____)        |
| <input type="checkbox"/> Gas Oven (# _____)          | <input type="checkbox"/> Gas Dryer (# _____)        |
| <input type="checkbox"/> Fireplace Starter (# _____) | <input type="checkbox"/> Gas Logs (# _____)         |
| <input type="checkbox"/> Dual Fuel Furnace (# _____) | <input type="checkbox"/> Gas Grill (# _____)        |
| <input type="checkbox"/> Gas Lighting (# _____)      | <input type="checkbox"/> Gas Pool Heater (# _____)  |

Total Number of Gas Appliances: \_\_\_\_\_

- Sewer                       Septic (must have septic permit from Environmental Health Dept)

I hereby make application for permit as above, and if it is granted, I agree to conform to all City of Winder zoning regulations and building code ordinances and in accordance with plans and specifications submitted. Any change in use may be in violation of zoning regulations and will void the permit. Any building / gas permit shall automatically expire six (6) months from the date of issuance if unsubstantial construction has occurred. Any person, firm or corporation violating any provision of this ordinance shall be guilty upon conviction of a misdemeanor and shall be punished for each day the violation shall continue. Application is hereby made according to the requirements of the zoning regulations of the City of Winder. The Health Department and other governmental units must be in conformity to the application approved by the City of Winder and on file in its office. This approval does not waive any subdivision restrictions that may apply.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature: \_\_\_\_\_

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