

**BUILDING INSPECTION
DEPARTMENT**

Phone: 276-821-6091

**CITY OF BRISTOL
VIRGINIA**



**City Hall
300 Lee Street
Bristol, VA 24201**

GAS PERMIT APPLICATION

Gas Permit No: _____

Date: _____

Building Permit No: _____

*LOCATION OF JOB: _____

*TYPE OF WORK: Commercial _____ Residential _____

*Licensed Contractor: _____ *License No: _____

*Contractor Address: _____ *Phone No: () _____

*E-Mail Address _____

*Property Owner: _____ Owner's Phone _____ Owner's Email _____

Type of Gas: Natural _____ LP _____ Specify other _____

New gas line _____ Gas line repair _____ Gas line replacement _____ Modify existing gas line _____

LP Tank _____ Size _____ (NOTE: Provide sketch of location on property, must meet setback and clearance requirements)

Specify type of equipment gas line supplying: _____

Gas line type: _____

Piping size: _____

Length of piping: _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO DO GAS PIPING WORK ACCORDING TO THE ABOVE DETAILED STATEMENT. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE VIRGINIA UNIFORM STATE BUILDING CODE IN EFFECT AT THE TIME OF APPLICATION AND WITH ANY AND ALL REGULATIONS OF THE CITY OF BRISTOL.

*Signature of Applicant: _____ *Print Name: _____

*Estimated Value of Work: _____

Fee: _____

****denotes required field***