

LEVY COUNTY REQUIREMENTS FOR FUEL GAS PLAN REVIEW

In order to meet the minimum technical standards for the review of fuel gas plans for the installation of liquid petroleum or natural gas, the following will be required to be shown on a full size floor plan of the subject structure (for multi-story structures, provide a floor plan for each level).

- The general location of the LP fuel tank or public supply meter.
- The point of fuel gas entry into the structure.
- The location, type and BTUs of all gas appliances and equipment.
- The type and size of all piping to be installed.
- The location and pressure of all regulators. This will indicate the gas pressure of all segments of the piping system.
- The gas pressure required for all appliances in water column inches or PSI (as appropriate).
- The location of all shut-off valves and safety devices required for the particular system.
- The location of the bonding connection to the electrical grounding system.

NOTICE: Please denote whether or not the LP Gas tank will be above ground or below ground (buried) If it is to be buried, you must include a detail and description of how it will be protected from corrosion, and resist buoyancy when located within special flood hazard areas. A minimum of two straps (four anchors) will be required unless a professional design, sealed by an engineer, is provided.

LEVY COUNTY DEVELOPMENT DEPARTMENT

APPLICATION FOR PERMIT

P.O. BOX 672, BRONSON, FL. 32621 352-486-5198, 352-486-5200, 352-486-5202

TAX FOLIO NO: (PARCEL#)	DATE:
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OWNERS NAME	OWNERS ADDRESS
	City _____

PHONE #	State _____ Zip _____
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CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)	CONTRACTOR'S ADDRESS
	CITY _____

PHONE #	STATE _____ ZIP _____
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JOB NAME	JOB ADDRESS
	CITY _____ COUNTY - LEVY _____

LEGAL DESCRIPTION

SUBDIVISION _____	LOT _____	BLK _____
UNIT _____	PHASE _____	SECTION _____
	TOWNSHIP _____	RANGE _____

TYPE OF CONSTRUCTION: RESIDENCE _____ NEW MOBILE HOME _____ USED MOBILE HOME _____
 ADDITION _____ POOL _____ REMODEL/REPAIR _____ DEMO _____ PREINSPECTION _____
 OTHER _____

DRIVING DIRECTIONS TO JOB SITE:

TOTAL COST OF IMPROVEMENTS _____	TOTAL SQ FT. _____
TOTAL LAND AREA _____	NUMBER OF STORIES _____
NUMBER OF BATHROOMS-FULL _____	PARTIAL _____
SQ FT HEATED _____	UNHEATED _____

For Office Use Only	For Office Use Only
ZONING: _____	PERMIT FEE _____
SEPTIC PERMIT # _____	
FLOOD ZONE: _____	
ELEVATION _____	
MIN. FINISH FLOOR ELVATION _____	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner

Signature of Owner

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____

Signature of Contractor/ Installer

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____

County Competency Card # _____

Contractor's State Certification No. _____ or Registration No. _____

Installer's State License # _____

(OFFICE USE ONLY)

Application Approved by	_____	_____
	Permit Officer	Date
Zoning Approved By :	_____	_____
	Building Official or Zoning Signature	Date
Zoning Denied By:	_____	_____
	Building Official or Zoning Signature	Date
Plans Reviewed By:	_____	_____
	Plans Examiner Signature	Date

Mechanical/Gas Permit Fees

Levy County Development Department

P.O. Box 672 (622 E Hathaway Ave)
Bronson, Fl. 32621

Phone (352) 486-5198
Fax (352) 486-5246

Job Site Address:	Contractors Name:
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Description	Quantity	Cost	Total
Base Fee Mechanical & Gas Premits	1	\$50.00	\$50.00
Cost of Equipment \$0 - \$1,000		\$6.00	
Each Additional \$1,000 or fraction thereof		\$3.00	
Supply Outlets (Each)		\$2.50	
Return Air Outlets (Each)		\$2.50	
Solar Hot Water Systems		\$5.00	
Ventilation Systems		\$5.00	
Boiler Installation		\$5.00	
Fuel Tanks > 60 Gallons		\$3.00	
Air Handler Change-outs		\$6.00	
Condensing Unit Change-outs		\$6.00	
Hood Systems (Commercial)		\$20.00	
Walk In Coolers		\$20.00	
New Multi Family Blds. First Unit		\$60.00	
Each Additional Unit in Building		\$20.00	

GAS PERMIT FEES

First 4 Piping Outlets		\$6.00	
Each Outlet > 4		\$2.00	
Conversion Burners		\$6.00	
Floor Furnaces		\$6.00	
Incinerators		\$6.00	
Boilers		\$6.00	
Water Heaters		\$6.00	
Vented Wall Furnace		\$3.00	
Tank Set (Propane)		\$3.00	
Reinspection Fee		\$40.00	
Third Reinspection Fee		\$160.00	
After Hours Inspection Fee		\$50.00	
All Other Inspections		\$50.00	
New Multi Family Blds. First Unit		\$40.00	
Each Additional Unit in Building		\$20.00	
SUBTOTAL			
3% State Surcharge (Min \$4.00)			
		Total	