



# Alabaster

CITY UNLIMITED

## GAS PERMIT APPLICATION

Type of Occupancy: Residential \_\_\_\_ Commercial \_\_\_\_

Work to be done in: New Building \_\_\_\_ Renovation \_\_\_\_

Property Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Owner/Occupant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Contracting Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Name for Gas Release:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Description of Job: \_\_\_\_\_

**CONTRACT JOB COST: \$** \_\_\_\_\_

By signing this application, I hereby certify that all information herein is true and correct and I agree to be personally responsible to the City of Alabaster for any and all code violations and code enforcement actions associated with this building application and the construction contemplated herein, whether such actions or inactions were performed by me, my company, employees, contractors or sub-contractors. Also, I hereby certify that I am the above property's owner or the authorized agent (contractor) of the above property's owner.

**Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I hereby certify that I have read this application and that all information contained herein is true and correct; that I agree to comply with all city Ordinances and State Laws regulating installation or alteration of fuel gas systems or equipment; that all work done on this job is to be performed only by certified journeyman gas fitters under my supervision or by myself, and if an apprentice be under the direct supervision of a certified journeyman gas fitter and/or myself. I assume all responsibility for the employment of certified personnel. I understand that before any permit is granted for the installation of gas systems or equipment, the person making application for permit shall pay to the City of Alabaster a fee or fees in such amounts as specified herein.*

\_\_\_\_\_  
Signature of Authorized Master Gas Fitter

\_\_\_\_\_  
Master Gas Fitter's Certificate Number

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Permit Fee \$ \_\_\_\_\_

**Master Permit #** \_\_\_\_\_

Issuance Fee \$ **50.00**

CICT Fee (Commercial) \$ \_\_\_\_\_

**Permit #** \_\_\_\_\_ **Report Code** \_\_\_\_\_

**Total Permit Cost \$** \_\_\_\_\_

## Customer Service Survey

City of Alabaster Engineering and Building Services

Your input as a customer is very important and valuable to our department. To help us provide the highest level of customer service, we would appreciate your comments regarding our performance. Please take a moment to fill out this customer service survey and let us know how we are doing.

**1. My contact with the Planning and Safety Division involved:**

- Building Code
  Permit Application  
 Inspection
  Plans Review  
 Other \_\_\_\_\_

**2. Type of contact:**

- In person with an appointment
  In person without an appointment  
 Email
  Telephone  
 Fax/Mail

**3. Please mark your responses:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff was available to assist me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff displayed a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responded to my concerns in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided clear and concise information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was helpful, knowledgeable and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Overall, how would you rate the level of assistance you received from the Planning and Safety Division?**

Excellent \_\_\_\_\_
 Good \_\_\_\_\_
 Fair \_\_\_\_\_
 Poor \_\_\_\_\_

**5. Comments or Suggestions:**

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Thank you for your input. You may print this form and drop it off or mail to: **City of Alabaster-Engineering and Building Services, 1953 Municipal Way, Alabaster, AL 35007.**

**INSPECTION ORDER SHEET**

*The following inspections shall be called in by the appropriate trade contractor and satisfied PRIOR to issuance of a Certificate of Occupancy or a Certificate of Completion.*

**\*\*\*A Grading Plan may be required if there is significant grading to be performed. Whenever a Grading Plan is required, sub-grade topography must be included on the Foundation In Place survey. This must be submitted and approved before going vertical with any wall construction.\*\*\***

**ARTICLE II. - TECHNICAL CODES, Sec. 105-27. - Adopted.**  
 (Code 1994, § 14-1; Code 2005, § 18-31; Ord. No. 00-012, § 1, 7-20-2000; Ord. No. 03-006, §§ 1, 3, 4, 8-4-2003; Ord. No. 05-006, §§ 1, 3, 4-4-2005; Ord. No. 08-002, §§ 1, 3, 5-5-2008; Ord. No. 11-001, §§ 1, 3, 6-16-2011)

**LAND DISTURBANCE**  
**PART II - LAND DEVELOPMENT ORDINANCES OF THE MUNICODE, ALABASTER, ALABAMA**

**GA - Gas Permit**

GARO  
 GARE  
 GAFI

Gas - Rough  
 Gas - Release  
 Gas - Final

**FIRE DEPARTMENT INSPECTIONS (REQUIRED) FOR COMMERCIAL CONSTRUCTION**

**(FI - Fire Permit)**

I, as the duly authorized agent to receive said permit(s), by virtue of my signature do hereby understand that receipt of this list will be the order of the inspections for which I must have completed prior to the issuance of any Certificates of Occupancy and/or Completion. **THE FOUNDATION IN PLACE SURVEY MUST BE SUBMITTED AS INDICATED PURSUANT TO SECTION 105-3 OF THE CODE OF ORDINANCES. Code 1994, § 14-7; Code 2005, § 18-3; Ord. No. 05-004, § 1, 2-21-2005; Ord. No. 07-002, § 1, 4-16-2007**

Print name: \_\_\_\_\_

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

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