



ALTERNATIVE ENERGY PERMIT APPLICATION

APPLICANT SERVICES
 (850) 891-7125
 FAX: 891-0948
BUILDING INSPECTION
 (850) 891-7050
 FAX: 891-7099

Mailing : 300 South Adams St., B-28
 Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
 Tallahassee, Florida 32301

Date: _____ Call Back #: _____ Fax Back #: _____

Trust Acct #: _____ Alternative Energy Permit #: TBA _____

Building Permit #: TBB _____

Application is herewith made for an alternative energy permit covering plumbing, electrical and / or gas installation in or on the premises stated below. The applicant hereby agrees to make such installation in accordance with the requirements of the Florida Building Code and / or the National Electrical Code.

NOTICE TO PRIMARY CONTRACTOR: ANY JOB VALUE GREATER THAN \$2,500.00 FOR PLUMBING, ELECTRICAL AND/OR GAS, THAT IS **NOT** ASSOCIATED WITH A BLDG PERMIT **WILL REQUIRE A NOTICE OF COMMENCEMENT** BEFORE FIRST INSPECTION.

Primary Contr.: _____ License #: _____

Job Address: _____ UNIT # _____ Cost of Imp: \$ _____

Owner _____ Parcel ID#: _____

TYPE OF IMPROVEMENT 03 ALTERATION / REPAIR

CLASS OF BUILDING (Proposed Use)

01 ONE FAMILY	07 HOTEL, MOTEL _____units	16 AMUSEMENT, RECREATIONAL	22 OFFICE, PROFESSIONAL
02 TWO FAMILY	08 DORMITORY _____units	17 CHURCH, OTHER RELIGIOUS	24 PUBLIC UTILITY
03 TRIPLEX	12 SINGLE FAMILY ATTACHED	18 INDUSTRIAL	25 SCHOOL, LIBRARY, EDUCATION
04 QUADRIPLEX	35 MOBILE HOME	19 PARKING GARAGE	26 STORES, MERCANTILE
05 MULTI FAMILY _____units	09 WAREHOUSE	20 SERV. STATION, REPAIR GARAGE	32 COMM ACCESSORY STRUCTURE
06 ROOMING HOUSE _____units	15 BUSINESS	21 HOSPITAL, INSTITUTIONAL	37 RESTAURANTS

Electrical Contr.: _____ License #: _____ Auth Form: w/application On file

Plumbing Contr.: _____ License #: _____ Auth Form: w/application On file

Gas Contr.: _____ License #: _____ Auth Form: w/application On file

**** Certification:** I, the above listed Gas Contractor, acknowledge that the City of Tallahassee, pursuant to ordinance, is waiving the fee for a gas service tap and service line on the express condition that the user install a natural gas fired water heater or furnace. I certify that I have a contract with the above listed owner at the above listed job address, for the installation of a natural gas fired water heater or furnace. In the event I do not install such appliance and the appliance is not consuming gas within 45 days of this certification, I will immediately notify the City Gas Division and Growth Management. I understand that service will be disconnected and will not be reestablished until the fee is paid for the Gas tap and service line.

NOTE: By signing below, I have confirmed that gas mains are located within 100 feet of the above listed job address.

ALL gas taps require a City Of Tallahassee Utility Account. Work orders for Taps & Meter Sets can not be sent if an account has not been established.

**** Gas Contractor Signature:** _____ **Date:** _____

<u>No. Items</u>	<u>Price</u>	<u>Description</u>	<u>Items</u>	<u>Description</u>	<u>Price</u>	<u>Description</u>
_____	\$ 54.00	1 & 2 Family Appl. Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	FREE Residential Gas Tap <small>** MUST HAVE GAS WATER HEATER or FURNACE</small>	_____	State Surcharge
_____	\$ 127.00	Commercial Appl. Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Tap	\$ 2.50	Training Surcharge
_____	\$8.03 / \$ 13.39	No. of Plumbing Conn.'s	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upgrade Meter <small>*PROVIDE NEW BTU LOAD BELOW</small>		
_____	\$ 0.67	No. of Electrical Outlets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reset Meter	\$ _____	
_____	\$ 5.49	No. of Heating Devices	<input type="checkbox"/> 1/# <input type="checkbox"/> 2# <input type="checkbox"/> 5#	Meter Size		
_____	\$ 10.00 ea	Natural Gas Connections				TOTAL FEES
_____	\$ 10.00 ea	LP Gas Connections				
_____	\$ 50.00 ea	Residential Gas Tap				
_____	\$ 100.00 ea	Commercial Gas Tap				
_____	\$ @ COST	Relocate Gas Tap <input type="checkbox"/> Yes				
						*BTU Load Total

Applicant Signature: _____ DATE: _____