



GAS Permit Application

PERMIT #

THIS SECTION FOR STAFF USE ONLY

CITY OF WOODWAY
Community Services Dept.
924 Estates Drive
Woodway, Texas 76712
phone: (254) 772-4050
fax: (254) 399-6518
permits@woodwaytexas.gov

RECEIVED BY: DATE/TIME: APP COMPLETE? Y N (explain)

NOTE:

1st REVIEW 2nd REVIEW (if needed) PERMIT FEES
DATE: DATE:
BY: BY:
APPROVED DENIED
TOTAL FEE: \$
CASH CK CC
DATE PD: RCPT:

OWNER/ TENANT INFORMATION

PROJECT ADDRESS:
PROPERTY OWNER:
MAILING ADDRESS: CITY/ST/ZIP:
PHONE: ALT PHONE: EMAIL:

CONTRACTOR INFORMATION

COMPANY: CONTACT:
ADDRESS: CITY/ST/ZIP:
PHONE: ALT PHONE: FAX:
EMAIL:
MASTER PLUMBING LICENSE: EXPIRES:
OTHER LICENSE/CERTIFICATION: EXPIRES:

PROJECT INFORMATION

NEW RESIDENTIAL CONSTRUCTION - LIVING SQ. FOOTAGE:
NEW COMMERCIAL CONSTRUCTION VALUATION OF WORK: \$
RESIDENTIAL REMODEL/REPAIRS ALTERED SQ. FOOTAGE:
COMMERCIAL REMODEL/REPAIRS VALUATION OF WORK: \$
L.P. NATURAL GAS
TYPE OF PIPE: INLET PRESSURE:

DESCRIPTION OF WORK:

IMPORTANT INFORMATION REGARDING YOUR PERMIT/APPLICATION

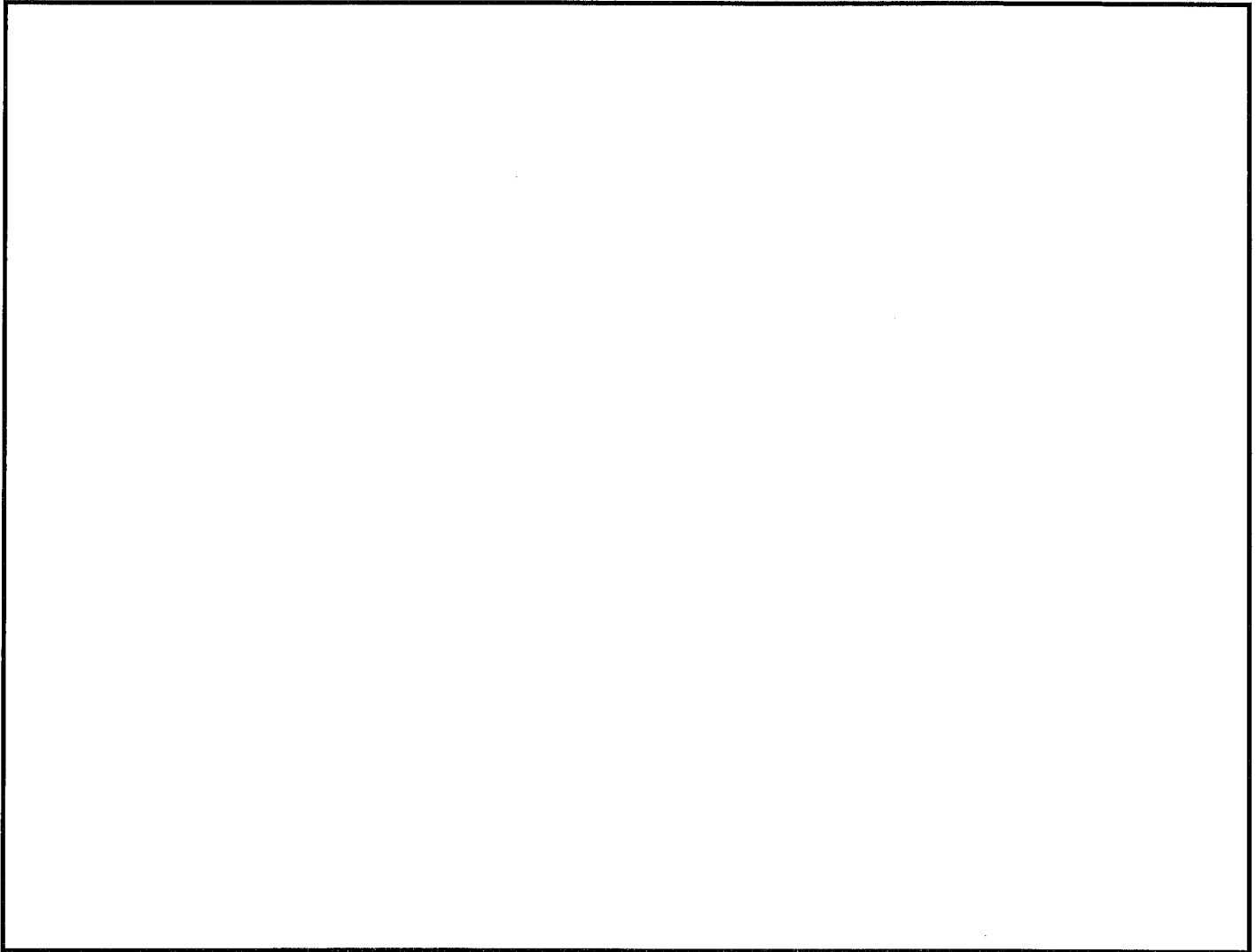
- Allow three (3) business days for your application to be processed.
Upon approval, permit fees must be paid within 180 calendar days or the application may be considered void and require resubmittal.
Upon approval and payment, permit is valid for 180 days. If permit expires, an extension may be granted with a written request.
No trade permits will be granted on new construction projects or work requiring remodel permits until the general building permit is valid.

see reverse for information on REQUIRED ISOMETRIC DRAWING OF GAS SYSTEM

Except for leak repairs and gas tests, a clear and legible isometric drawing with all listed information is required for permit application to be accepted. You may use the space below or attach a separate sheet, as space allows.

ISOMETRIC DRAWING REQUIREMENTS:

- > BTU calculations of all appliances attached to gas system
- > Length of pipe to each appliance
- > Type & size of pipe
- > Inlet pressure
- > Type of gas installed



APPLICANT SIGNATURE: _____ DATE: _____

REVIEW NOTES (FOR STAFF USE)