



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

GAS PIPING PERMIT APPLICATION

Version 2020_0618

Master Permit # **BLD** _____
 Zoning # _____
 Project Name _____

Staff Use Only			
Approved By: _____		Permit # GAS	
Date Approved: _____		IVR 6 Digit PIN # _____	
Use Group: _____	Type Const: _____	Date Issued: _____	Issued By: _____
VCC-IBC __ VEBC-IEBC __ VRC-IRC __	Code Year: _____	Work Code: _____	

LOCATION OF PROPERTY

Subdivision _____ Section _____ Block _____ Landbay _____ Phase _____ Lot _____
 Property Address _____
 Name of Property Owner _____ Phone # _____

APPLICANT: CHECK BOX TO IDENTIFY PERMIT HOLDER

**** All Contacts must have a Registered [ePortal](#) account to be added to the Permit****

Owner/Lessee _____ Email Address _____
 Contractor _____ Address _____
 Phone # _____ Email Address _____
 State Registration # _____ Class _____ Prince William County License # _____
 Master Name _____ Cert # _____ Home Improvement Contractor's License # _____

TYPE OF CONSTRUCTION: Residential Comm/Office Comm/Mercantile Industrial Public/Institutional Other _____

TYPE OF IMPROVEMENT: New Addition Alteration/Repair Tenant Layout Other _____

ENTER QUANTITY WHERE APPLICABLE

VALUE OF WORK OR CONTRACT COST: \$ _____

RESIDENTIAL

GAS TYPE: LIQUID PROPANE NATURAL

RANGE _____

WATER HEATER _____

BOILER/FURNACE _____

DRYER _____

GAS LOGS _____

GAS GRILL _____

PREFAB FIREPLACE _____

POOL HEATERS _____

OTHER _____

NON-RESIDENTIAL

GAS TYPE: LIQUID PROPANE NATURAL

NUMBER OF METERS _____

NUMBER OF REGULATORS _____

CONNECTED GAS APPLIANCES _____

MEDICAL GAS PIPING

MEDICAL GAS MANIFOLDS _____

MEDICAL GAS FIXTURES _____

R1 & R2 WITH GAS APPLIANCES

NUMBER OF DWELLING UNITS _____

NUMBER OF APPLIANCES _____

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT ALL CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND APPLICABLE ORDINANCES. THE PERMIT HOLDER IS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND OTHER ORDINANCES.

PRINT NAME _____

OWNER CONTRACTOR AUTHORIZED AGENT

TELEPHONE NUMBER _____

DATE _____

SIGNATURE _____

By checking this box, I agree to electronically signing this form.

Staff Use Only	
Filing Fee Paid \$ _____	Rcpt. # _____
Permit Fee \$ _____	
Resubmission Fee \$ _____	
Remaining Fee Due \$ _____	Rcpt. # _____

NOTICE: THIS APPLICATION IS FOR GAS-PIPING AND INCLUDES APPLIANCES (RANGE, WATER HEATER, ETC.). A MECHANICAL PERMIT IS REQUIRED FOR ALL GAS-FIRED EQUIPMENT (FURNACE, UNIT HEATERS, ETC.). RESIDENTIAL APPLICATIONS ARE APPROVED AND PERMITS ARE ISSUED WITHOUT SUBMISSION OF A GAS DRAWING. THE GAS DRAWING, PREPARED BY THE MASTER GAS-FITTER, MUST BE ON THE JOB SITE FOR INSPECTION.

THIS PERMIT DOES NOT INCLUDE ELECTRICAL, MECHANICAL OR PLUMBING INSTALLATIONS.