

# *Town of Emerald Isle*

## **GAS PERMIT APPLICATION**

Phone (252) 354-3338 FAX (252) 354-5387

ADDRESS OF WORK TO BE PERFORMED: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR LICENSE # : \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF HOMEOWNER: \_\_\_\_\_

HOMEOWNER PHONE #: \_\_\_\_\_

***PLEASE BE ADVISED: CONTRACTOR IS RESPONSIBLE TO MAKE ARRANGEMENTS FOR HOME/BUSINESS TO BE OPEN AND AVAILABLE FOR INSPECTION.***