TOWN OF EAGLEVILLE, TENNESSEE

P.O. Box 68

Eagleville, TN 37060

615-274-2922 · Fax 615-274-2977

www.eaglevilletn.com

GAS PERMIT APPLICATION

Job Address:			
Applicant Name:			
Applicant is the:	[] Contractor* License Number:		[] Homeowner**
	ense with the City of Murfreesbor neowner, he/she must read and s	ro or State of Tennessee is required. sign a Homeowner Affidavit.	
Project Information:	[] Existing Commercial	[] Existing Residential	
	[] New Commercial	[] New Residential	
Property Owner:			
Address:			
City, State, Zip		Phone:	
Indicate number of fix	ktures (each)		
Water Heater			
Gas Logs			
Dishwasher			
Stove			
Oven			
Outdoor Applia	nce		
Fire Pit			
Furnace			
Boiler			
Generator			
Other (Please Specify)		Total Fixtures	:
Applicant Signature:		Date:	
Approval Signature:		Date:	
Fee \$30 (plus \$5.00/fixture. Total Fee		Paid:	