

**MACON COUNTY Gas Piping APPLICATION**  
INFORMATION IS REQUIRED BEFORE A PERMIT CAN BE ISSUED

Parcel # \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Job Address: \_\_\_\_\_

Directions to Job Site including gate code if applicable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Type of Gas Appliance:**

- Logs     Stove/Oven     Furnace     Dryer     Hot Water Heater  
 Other: \_\_\_\_\_     Outside Line

**Circle Type of Gas:**                      PROPANE                      NATURAL GAS

\*Gas Company: \_\_\_\_\_

License #: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

\*Company or Person Running Gas Lines: \_\_\_\_\_

License #: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

IF PERMIT IS GRANTED, I AGREE TO COMFORM TO THE NORTH CAROLINA STATE BUILDING CODE AND TO ALL COUNTY ORDINANCES AND THE LAWS OF THE STATE OF NORTH CAROLINA REGULATING SUCH WORK

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_