

**CITY OF NORTH AUGUSTA  
APPLICATION FOR GAS INSPECTION**

Date \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Phone# \_\_\_\_\_

Property Owner: \_\_\_\_\_

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

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

New Commercial	<input type="checkbox"/>
Existing Commercial	<input type="checkbox"/> Contract amount of Job \$
New Residential	<input type="checkbox"/>
Existing Residential	<input type="checkbox"/> Contract amount of Job \$
Meter Set Only	<input type="checkbox"/>

Contractor's Signature \_\_\_\_\_

.....  
Permit # \_\_\_\_\_ Fee \_\_\_\_\_