**CITY OF EAGLEVILLE, TENNESSEE**
P.O. Box 68
Eagleville, TN 37060
615-274-2922 · Fax 615-274-2977
www.eaglevilletn.gov

# GAS PERMIT APPLICATION

Job Address: _____

Applicant Name: _____

Applicant is the: [ ] Contractor* License Number: _____ [ ] Homeowner**

*A Special Plumbers License with the City of Murfreesboro or State of Tennessee is required.
**If applicant is the homeowner, he/she must read and sign a Homeowner Affidavit.

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Project Information: [ ] Existing Commercial [ ] Existing Residential

[ ] New Commercial [ ] New Residential

Property Owner: _____

Address: _____

City, State, Zip _____ Phone: _____

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**Indicate number of fixtures (each)**

_____ Water Heater

_____ Gas Logs

_____ Dishwasher

_____ Stove

_____ Oven

_____ Outdoor Appliance

_____ Fire Pit

_____ Furnace

_____ Boiler

_____ Generator

_____ Other (Please Specify) _____ Total Fixtures: _____

Applicant Signature: _____ Date: _____

Approval Signature: _____ Date: _____

Fee $40 (plus $6.50/fixture - minimum of $100) Total Fee _____ Paid: _____