

Permit#

Commercial:

Residential:

City of Helen Gas Permit

Date:

911 Address of Project: _____ Lot # _____

Owner: _____ Phone# _____

Owner Address: _____

Gas Contractor: _____ Phone# _____

Address: _____

Use of Building _____

Class of work: _____New _____Addition _____Alteration _____Repair (Check One)

Describe Work _____

Separate permits are required for Electrical, Plumbing, Mechanical, and Gas. This permit becomes **NULL & VOID** if work or construction authorized has not commenced within 6 months. An inspection shall occur within every 6 months thereafter to keep the permit valid. **Permit will be VOID after 12 months.** If permit becomes void the fees must be paid again before any further inspections will occur.

Fee's _____

Signature of Applicant/ Contractor: _____

Signature of Building /Zoning Administrator: _____

Contact Jonah Casper, Building/Zoning Administrator, for scheduled inspections.

Jcasper@cityofhelen.org

706-970-1818