



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 - 1023

GAS PERMIT

Permit #: _____

Date: _____ Estimated Cost: \$ _____ *Fee: \$ _____

Property Owner: _____

Address: _____

City: _____ State _____ Zip Code _____

Location (if different from address) _____

Installer's Name: _____ Lic. # _____
(as required by 20-330 of CT Gen. Statutes)

Gas Supplier: (if different from installer) _____

Address: _____ City: _____ State: _____

Phone Number: _____

TYPE OF WORK

Propane _____ Natural _____

Tank: number & size: _____ Piping: _____ Appliance: _____

Signature of Installer: _____ Date: _____

Installer states by signature that all work will comply to Code

Approved by: _____ Date: _____

***Fee based on estimated cost of work:** \$10.00/for the first \$1,000. of the estimated cost of construction; \$8.00/\$1,000 after the first \$1,000 of estimated cost of construction