



**TOWN OF CLAYTON**

Engineering & Inspections  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-1720

**CONDITIONAL GAS APPLICATION**

*Please carefully review the conditions of the agreement. Violation of any of the terms will result in an immediate revocation of the privilege. Reading these carefully, and by fully informing your staff and subcontractors, can eliminate any possible conflicts.*

**Application Fee: 1<sup>st</sup> meter \$75.00 - each additional meter \$50.00**

Residential                       Commercial

**APPLICANT/CONTRACTOR INFORMATION**

**Applicant:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SITE INFORMATION**

**Development Name:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Site Address/Location:** \_\_\_\_\_

**Utility Company:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Project Permit Number:** \_\_\_\_\_

*The undersigned agrees to abide by the aforementioned stipulations and understands failure to comply may result in the revocation of this contract.*

**APPLICANT AFFIDAVIT**

*By my signature to this document, I agree to the following conditions:*

- 1. Full and complete responsibility of the energized gas system, its use, and all equipment connected thereto; and to maintain a safe working environment during the completion of the construction.*
- 2. That service will be authorized for connection by the gas utility only after the gas final inspection is approved (no partial approvals).*
- 3. That the dwelling or building must be secured against unauthorized entry (all doors and windows installed).*
- 4. That no furniture or personal possessions will be placed in the dwelling, garage or any other portion of the dwelling.*
- 5. That no occupancy will be permitted until a Certificate of Occupancy is issued.*
- 6. Gas service to be in the same name as the contractor/owner indicated above.*
- 7. I agree that any violation of these terms will result in an automatic revocation of this privilege.*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**STAFF ANALYSIS *(completed by staff)***

**Inspector:** \_\_\_\_\_

**Date of inspection:** \_\_\_\_\_

**Commercial Project**

60 Days

90 Days

**Residential Project**

**30 Days ONLY**

**Staff Comments:** \_\_\_\_\_

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

***FOR OFFICE USE ONLY***

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_