



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 review carefully 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: \$75.00

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 electrical 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 power utility only after the electrical 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. Electrical 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: _____