COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
BUILDING DIVISION
P.O. Box 1609, Mammoth Lakes, CA 93546
Phone: (760) 934-8989 Ext. 274
Fax: (760) 934-8608
www.ci.mammoth-lakes.ca.us

LPG PROTECTOR EXEMPTION APPLICATION

Name:_____ Assessor Parcel Number: _____

Address: _____

Street Address: _____ Telephone: _____

Owner: _____ Telephone: _____

Owner-Mailing Address: _____

I affirm that my current LPG facilities comply with the intent of the Town of Mammoth Lakes regulations and request an inspection to verify this. If the inspection reveals those corrections need to be made, I will obtain a full building permit and complete all required corrections.

Inspection Fee: $_____

Signature: _____ Date: _____

Building Division Use Only

____ Installation Complies

____ Installation Does Not Comply, Permit Required.

_____

_____

_____

_____

Inspector: _____ Date: _____