



Date: _____

Permit Number: _____

Address: _____ Lot: _____ Block: _____

City/Town: _____ State: _____ Subdivision: _____

Contractor/Builder: _____

Installer or Company Name: _____

Supplied Water Column Pressure: _____ Pressure Drop: _____

Longest Distance from Gas Meter: _____

Pipe Size Entering House: _____

Piping Material: _____

(NOTE: IF USING CSST PIPE IN ANY PORTION OF THE SYSTEM, THE SYSTEM WILL BE SIZED USING CSST TABLES)

Total Gas Demand: _____ Fuel Line Pressure: _____

Gas Load Information: (Enter load ratings in BTU/HR at sea level)

<u>Number of Units</u>	<u>BTUH/per Unit</u>	
_____	_____	Heating / Furnace
_____	_____	Water Heating
_____	_____	Gas Log / Fireplace
_____	_____	Range
_____	_____	Dryer
_____	_____	Grill
_____	_____	Boiler
_____	_____	Gas Light
_____	_____	Other _____

THIS SHEET MUST BE COMPLETELY FILLED OUT AND ON SITE AT THE TIME OF GAS LINE INSPECTION. AN INCOMPLETE OR MISSING FORM WILL RESULT IN INSPECTION FAILURE.