

Date: _____

Windsor:
Phone: 970-686-7511
Fax: 970-686-9248
Firestone:
Phone: 303-774-1388
Fax: 303-774-0455

For Example Use Only

Permit Number: _____

Address: _____ Lot: _____ Block: _____

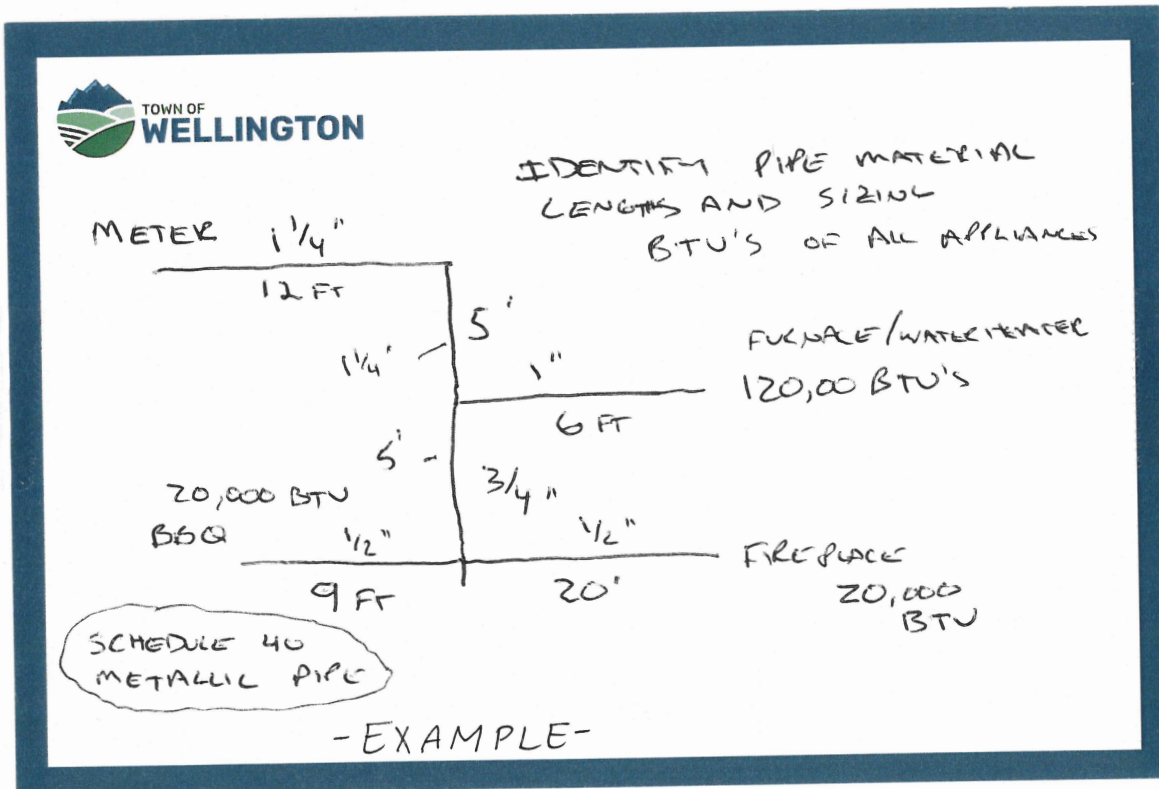
City/Town: _____ State: _____ Subdivision: _____

Contractor/Builder: _____

Installer or Company Name: _____

GAS LINE PRESSURE _____

ONE LINE DRAWING TO BE ON THIS FORM. ONE LINE TO SHOW ALL DISTANCES FROM POINT TO POINT, BTU'S, SIZES OF PIPE AND PIPE MATERIAL USED BACK TO THE METER. ALL EXISTING EQUIPMENT TO BE SHOWN, ALL NEW EQUIPMENT AND PIPING TO BE CLOUDED. CALULATIONS TO INCLUDE FITTINGS.



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.