



GAS WORKSHEET

REQUIRED FOR A GAS TEST INSPECTION

PERMIT NUMBER: _____

OWNER NAME & ADDRESS: _____

GAS COMPANY: _____ PHONE #: _____ CONTACT NAME: _____

NATURAL GAS LP GAS WORKING PRESSURE: _____ psi

TANK SIZE: _____ gal ABOVE GROUND BURIED

DISTANCE FROM HOUSE: _____ ft. DISTANCE FROM PROPERTY LINES: _____ ft.

In the space below, provide a piping design with the type, size, and length. Include the equipment & BTU rating, regulator, shut offs, and manifolds.

INCOMPLETE DIAGRAMS AND INFORMATION WILL NOT BE ACCEPTED.

A COPY OF THIS COMPLETE FORM IS TO BE ONSITE AND EMAILED TO THE INSPECTOR PRIOR TO THE INSPECTION.

INSTALLER NAME: _____ DATE: _____