SUMMIT COUNTY BUILDING DEPARTMENT
FUEL GAS INSTALLATION FORM

Address: _____ Lot/Unit # _____

Subdivision: _____ PERMIT #_____

# of Units List of Equipment/Appliances: NATURAL GAS ☐ LPG ☐

A MINIMUM PRESSURE TEST OF 20 POUNDS IS REQUIRED

____ Furnace(s) _____ BTU's

____ Water Heater(s) _____ BTU's

____ Dryer(s) _____ BTU's

____ Barbecue(s) _____ BTU's

____ Range/Cook Top(s) _____ BTU's

____ Boiler(s) _____ BTU's

____ Fireplace(s) _____ BTU's

Other Equipment Specify:

_____ _____ BTU's

_____ _____ BTU's

_____ _____ BTU's

TOTAL: _____ BTU's

FUEL INLET LINE SIZE: _____

SYSTEM OPERATING PRESSURE:

2 LBS. _____ 4 OZ. _____

OTHER: _____

A GAS PIPING PLAN <u>AND</u> THIS FORM SHALL BE FILLED OUT AND ON SITE FOR INSPECTION. INSPECTION AND CLEARANCE WILL BE DENIED IF ANY REQUESTED IS NOT PROVIDED OF THE INFORMATION AND/OR FORM IS NOT ON SITE.
ALSO, A RE-INSPECTION FEE AND A 48 HOUR WAIT WILL BE IMPOSED.

CONTRACTOR INFORMATION

Builder's Name: _____Gen. Contractor ☐ Owner Builder ☐
(Check which one applies)

Business Phone: ( ) _____ License # _____

Mechanical Contractor: _____

Business Phone: ( ) _____ License # _____

I hereby certify that the entire mechanical fuel-line system for the structure located at the address listed above has been sized and pressure tested in accordance with the applicable codes currently adopted by the State of Utah.

_____ _____ ____/_____/____

Printed Name of Installer **Signature of Installer** **Date**