



Date: _____

Windsor:

Phone: 970-686-7511

Fax: 970-686-9248

Firestone:

Phone: 303-774-1388

Fax: 303-774-0455

Permit Number: _____

Address: _____ Lot: _____ Block: _____

City/Town: _____ State: _____ Subdivision: _____

Contractor/Builder: _____

Installer or Company Name: _____

Longest Distance from Gas Meter: _____

Pipe Size Entering Building _____

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.