



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: \_\_\_\_\_

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.**