



Date: \_\_\_\_\_

561 East Garden Drive, Unit B  
Windsor, CO 80550  
Phone: 970-686-7511  
Fax: 970-686-9248

Permit Number: \_\_\_\_\_

Address: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Contractor/Builder: \_\_\_\_\_

Installer or Company Name: \_\_\_\_\_

Supplied Water Column Pressure: \_\_\_\_\_ Pressure Drop: \_\_\_\_\_

Longest Distance from Gas Meter: \_\_\_\_\_

Pipe Size Entering House: \_\_\_\_\_

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.**