



St. George City Gas Sizing Installation Plan

Installers Company _____ Phone # _____

License # _____ Permit # _____

Subdivision: _____ Lot # _____ Phase _____

Address: _____

Date: _____ btu/Cubic Ft. 919

Fuel line sized for _____ 4 oz OR _____ 2 lbs Delivery pressure.

Test Pressure _____

For Inspection call: (435) 986-4403 FAX (435) 674-4275

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 International Mechanical Code currently adopted by the State of Utah.

Installers Signature: _____

Approved by:

Building Inspector

Total Length _____

Total C.F.H. _____