



# 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. \_\_\_\_\_

Inspector comments: