

HURRICANE CITY
635-2811 or FAX 635-2184
GAS SIZING
INSTALLATION PLAN

*Installers Company _____ Phone # _____
*License # _____ Permit # _____
*Owner name _____
*Subdivision _____ Lot # _____ Phase _____
*Address _____
*Fuel line sized for _____ 4 oz. *or* _____ 2 lb. Delivery Pressure
*Test Pressure _____ Date _____
*btu/Cubic Ft. _____

*Total length _____ Total C.F.H. _____

Inspector Signature _____ * Date _____