

TOQUERVILLE CITY
GAS SIZING
INSTALLATION PLAN

*Installers Company _____ Phone # _____

*License # _____ Permit # _____

*Owner Name _____

*Subdivision _____ Lot # _____ Phase _____

*Address _____

*Fuel line sized for _____ 4 oz. *or* _____ 2lb. Delivery Pressure

*Test Pressure _____ Date _____

*btu/Cubic Ft. _____

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

Inspector Signature _____ Date _____

Inspector: Lance Gubler 435.216.6465 lance@toquerville.org