

Permit # \_\_\_\_\_  
Lot # \_\_\_\_\_  
Approved \_\_\_\_\_

St George City  
**GAS SIZING  
INSTALLATION PLAN**

Installers Company \_\_\_\_\_  
Phone # \_\_\_\_\_  
License # \_\_\_\_\_  
Permit # \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Phase \_\_\_\_\_  
Project Address \_\_\_\_\_  
Date \_\_\_\_\_ btu/Cubic Ft. 919

For Inspection call:  
Phone **435-674-4223**  
Fax **435-674-4275**

Fuel line sized for:  
\_\_\_\_\_ 4 oz. Delivery Pressure **OR**  
\_\_\_\_\_ 2 lb. Delivery Pressure

Test Pressure \_\_\_\_\_

Approved by:  
\_\_\_\_\_  
Building Inspector

Total Length \_\_\_\_\_  
Total C.F.H. \_\_\_\_\_