



INDIAN RIVER COUNTY GAS PERMIT INFORMATION

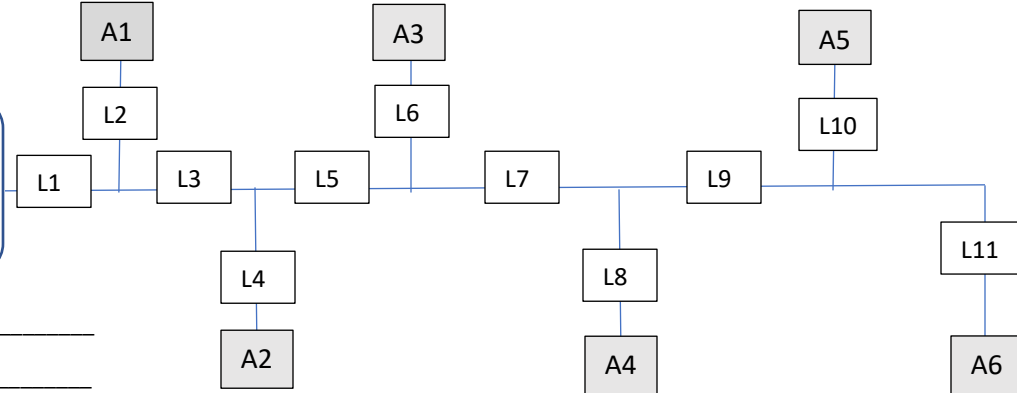
PERMIT NUMBER: _____

JOB NAME: _____

JOB ADDRESS: _____

GAS CONTRACTOR: _____

Natural Gas
 LP



TANK SIZE GALLONS: _____

ANODE BAGS: QTY _____

ANODE BAG SIZE: _____ lbs.

APPLIANCE	BTU RATING
A1 _____	BTU/HR _____
A2 _____	BTU/HR _____
A3 _____	BTU/HR _____
A4 _____	BTU/HR _____
A5 _____	BTU/HR _____
A6 _____	BTU/HR _____

"LONGEST RUN" CALCULATION

_____ Inlet Pressure _____ Specific Gravity

_____ Pressure Drop

TOTAL BTU/HR: _____

LONGEST PIPE RUN: _____ FT.

FLORIDA GAS CODE: _____ (Yr)

GAS TABLES USED: _____

Longest run is calculated from the point of delivery to the farthest appliance being served. Please attach a copy of code table(s)

PIPE / TUBING SPECIFICATIONS:

RUNS & PRESSURES		TYPES & SIZES			
L1 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L2 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L3 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L4 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L5 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L6 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L7 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L8 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L9 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L10 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD
L11 _____ FT	PSI _____	<input type="checkbox"/> PIPE	<input type="checkbox"/> TUBING	<input type="checkbox"/> CSST	SIZE: _____ inch/EHD

QUALIFIER: Name: _____ Signature: _____ Date: _____