



**GAS SIZING INSTALLATION PLAN**

Installers Company: \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Permit # \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_ Phase # \_\_\_\_\_

Address: \_\_\_\_\_

Fuel lined sized for \_\_\_\_\_ 4 oz OR \_\_\_\_\_ 2 lb Delivery Pressure

Test Pressure \_\_\_\_\_ Date: \_\_\_\_\_

Total Length \_\_\_\_\_ Total CFH \_\_\_\_\_

Inspectors Signature: \_\_\_\_\_ Date: \_\_\_\_\_