



## FUEL GAS INSTALLATION DESIGN CRITERIA

This form is intended to be used for one gas fixture. Please submit additional forms for additional gas fixtures.

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

Type of pipe(s) used: \_\_\_\_\_

Gas Type: \_\_\_\_\_

Inlet Pressure: \_\_\_\_\_

Pressure Drop: \_\_\_\_\_

Specific Gravity: \_\_\_\_\_

Appliance / Fixture: \_\_\_\_\_

BTU Rating: \_\_\_\_\_

Combustion Air Required: \_\_\_\_\_ Cubic Feet

Combustion Air Provided: \_\_\_\_\_ Cubic Feet

Location of Appliance (Describe room / area): \_\_\_\_\_

Room / Area Dimensions:

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

\*Elevation of Ignition source shall comply with FBC, Fuel Gas, Sec. 305.3

How is the fixture being vented? Please describe and provide a sketch below:

Please sketch gas piping isometric: