



## FUEL GAS INSTALLATION DESIGN CRITERIA

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

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

**TYPE OF PIPE(S) USED:**

\_\_\_\_\_  
 \_\_\_\_\_

Gas Type: \_\_\_\_\_  
 Inlet Pressure: \_\_\_\_\_  
 Pressure Drop: \_\_\_\_\_  
 Specific Gravity: \_\_\_\_\_

Appliance(s) and BTU Rating: 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

**Room(s)/Enclosure(s) Dimensions:**

|               |               |               |
|---------------|---------------|---------------|
| Length: _____ | Length: _____ | Length: _____ |
| Width: _____  | Width: _____  | Width: _____  |
| Height: _____ | Height: _____ | Height: _____ |

**Please Show Gas Piping Isometric:**