

# City of Manassas Gas Piping Form

**This form shall be filled out completely**

Contractor's Name : \_\_\_\_\_

Homeowners Name: \_\_\_\_\_

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

Type of Gas Service:    ( ) 2-psi            ( ) Low pressure            ( ) LPG

Total feet from meter to most remote fixture: \_\_\_\_\_

Place Diagram here - show all fixture & BTU'S on the riser: \_\_\_\_\_

**M**

Meter

**R**

most remote fixture

*Fill in Appropriate boxes*

Course	Total load BTU'S	length of pipe - run per section	Required size & type of pipe
M to			

Plan prepared by: \_\_\_\_\_ State Master Gas fitter# \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone# \_\_\_\_\_