## Natural Fuel Gas Meter Clearance Report

Revised 10/26/09

Date: / / Month/ Day / Year		
Address:(Street Address)		
(Street Address)		(City)
Subdivision:		Lot/Unit #
General Contractor or Owner/Buile	der:	
FUEL LINE SIZE:	LOAD (BTU/CFH	(i):
PRESSURE: 2LBS	4OZ	OTHER:
PERMIT #	<del></del>	
Comments:		
General Contractor Daytime Phon	e: ()	
Mechanical Contractor:		
Mechanical Contractor Daytime P	hone: ()	
I hereby certify that the entire med address listed above has been size International Mechanical Code cur	d and pressure tested	in accordance with the
(Printed Name of Certifying	ng Individual)	
(Signature of Certifying I	Individual)	Date:/
(Signature of Certifying 1	ildividuai)	month/ day / year
(Employer of Certifying Individ	Business F	Phone: ()
\		
(Address of Employer)	(City)	(State) (Zip)
Note: Only pre-approved agencies and pressure testing of any reside agency/individual shall be pre-appethe structure is located.	ntial or commercial n	nechanical fuel-line system. The
METER INSTALLATION:	APPROVED	DENIED
(Building Inspector/Official)		Date:// month/ day / year