



CITY OF GARDEN PLAIN

Gas Yard Line Permit Request

Permit No. _____

Date of Request: _____, 20____

Location of work: _____
(Address, City, Zip)

Name of Person work being done for: _____

Name of Company doing work: _____

Company Representative Name: _____

Gas Fitter Contractor License No. (Sedgwick Co.) _____

Building to be used as: Single Residence _____ Multiple Residence _____ Commercial _____

Building type: New Building _____ Existing Building _____

Select one:
_____ Install new gas yard line where no previous gas service has been
_____ Replace existing gas yard line
_____ Repair existing gas yard line

Proof of participation in drug consortium for employees doing work, if applicable

Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____

Sign below stating that you have received & read the Standards & Specifications for Gas Yard Lines:

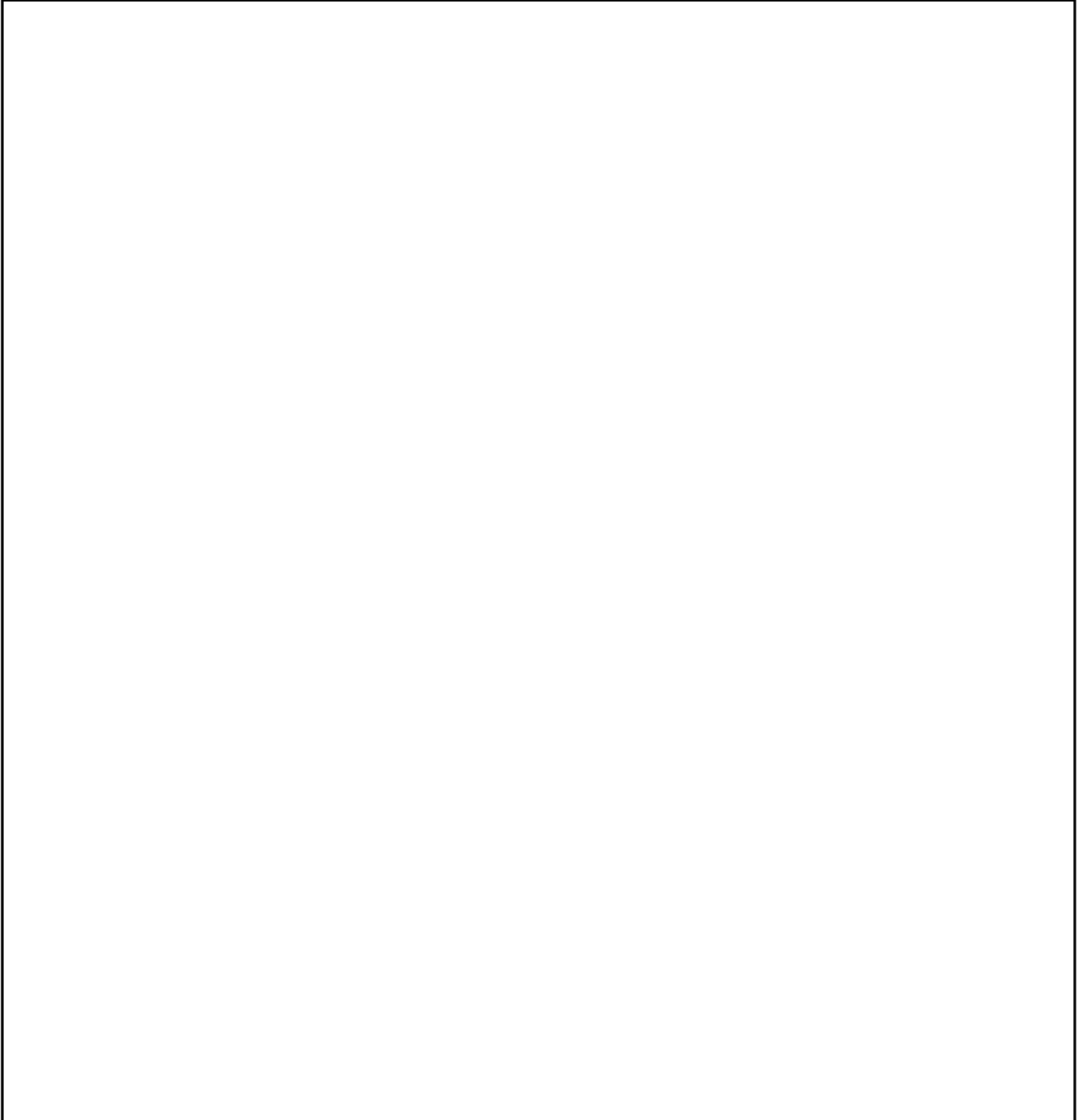
(X) _____ Print Name _____

Contact Phone No. _____ Cell No. _____

(OVER)

The City of Garden Plain Gas System Superintendent must inspect all gas piping before the trench is backfilled, and be present for the yard line pressure test.

Draw a diagram of the yard line, including the gas meter and building.



Approximate Start Date: _____ Permit only good for 30 days from issuance