

Natural Fuel Gas Meter Clearance Report

Date: ____/____/____

Address: _____

Subdivision: _____ Lot #: _____

Building Permit #: _____

General Contractor or Owner/Builder: _____

Daytime Phone (____) _____

Fuel Line Size: _____

Load: BTU _____ CFH _____

Pressure: 4 oz. _____ 2 Lbs. _____ Other: _____

Mechanical Contractor: _____

Daytime Phone (____) _____

*I hereby certify that the entire mechanical fuel-line system for the structure located at the address listed above has been sized and pressure tested in accordance with the International Mechanical Code currently adopted by the State of Utah.

(Printed Name of Certifying Individual)

(Signature of Certifying Individual) Date: ____/____/____

***NOTE:** Only pre-approved agencies/individuals shall be recognized to certify the sizing and pressure testing of any residential or commercial mechanical fuel line system. The agency/individual shall be pre-approved by the local administrative authority in which the structure is located.

Deration Factor: = Rated BTU output: _____	
Appliance A = _____ CFH	Appliance D = _____ CFH
Appliance B = _____ CFH	Appliance E = _____ CFH
Appliance C = _____ CFH	Appliance F = _____ CFH
Length of Pipe to most remote outlet _____	Total Demand _____
(Include Risers & Drops)	

Meter Installation: Approved _____ Denied _____

(Signature – Building Official) Date ____/____/____