



City of Brooksville
Building Division
 201 Howell Avenue, Brooksville, FL 34601
 Phone: 352-544-8301 Fax: 352-544-8306

GAS INSTALLATION SHEET

Permit Number: _____

Construction Address _____

Installer/Supplier _____

APPLIANCES

Appliances:

BTU:

- ____ Range
- ____ Water Heater
- ____ Furnace
- ____ Space Heater
- ____ Dryer
- ____ Grill
- ____ Pool/Spa Heater
- ____ Other

____ Total No. of Outlets

_____ Total No.BTU's

CONTAINERS

	YES	NO
Above Ground Tank	_____	_____
Underground Tank	_____	_____
Underground Tank Anchored	_____	_____
Installation Two-Stage	_____	_____

Number of Containers: _____

Total Capacity: _____ Lbs. or _____ Gallons

Customer: Owned _____ or Leased _____

SYSTEM

Natural Gas _____ or LP Gas _____

Design Pressure: _____

Distance from tank to House _____

Line from Tank to House: _____ Size and _____ Type

If using Split System _____ Need Detailed Layout with ALL Pipe Sizes

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SITE PLAN FOR LPGAS OR NATURAL GAS LAYOUT.

PERMIT # _____ (RESIDENTIAL USE ONLY)

SCALE: 1" = _____

SITE PLAN MUST:

- Be drawn in blue or black ink only
- Be drawn to scale
- Show property dimensions, shape, size and tank location
- Show all existing structures and their dimensions from main structure and identity
- Show distances in feet and inches from all property lines to main structure
- Show any driveway on site plan
- Show all easements (utility, drainage, ingress/egress, conservation, etc.)



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INSPECTION SCHEDULE FOR L.P. GAS

1. Underground Gas Inspection - Piping
2. Rough-In Gas Inspection – concealed interior piping and venting (minimum pressure test 30 psig for 24 hours)
3. Final Gas Inspection – after gas is on, appliances connected and Manometer Pressure Test Certificate completed.