



Residential Gas Permit Application
City of Richmond, Virginia – Department of Public Utilities
New Services Team: 804-646-5250/ Fax 804-646-3199
400 Jefferson Davis Highway/Warehouse – Richmond, Virginia 23224

APPLICATION FOR NEW OR ALTERED GAS PIPING OR EQUIPMENT AT:

ADDRESS _____ Lot# / Sub Div _____
 (Number/Street Name/Suffix/Apt Number/Zip Code) (If New Development)

Nearest Cross Street _____ Located in Richmond, ____, or County of _____

OWNER/BUILDER/OCCUPANT: _____ Phone # (____) _____ - _____

Is a NEW gas service to building required? * Yes No
 Has a NEW gas service been run to property line only? * Yes No
 Will the existing meter need to be relocated? Yes No
 If in Richmond will a NEW City water service be required? Yes No

EQUIPMENT TO BE INSTALLED – FAILURE TO PROVIDE BTU INFORMATION MAY RESULT IN WRONG PIPE SIZE AND/OR METER SIZE. *(Each Question Must Be Answered)

Equipment	How Many?		BTU Input	Dual Fuel?	Total BTU Input
Boiler	_____	x	_____	= Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Furnace or Hydro-Heat	_____	x	_____	= Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Domestic Water Heater	_____	x	_____	=	_____
Gas Logs	_____	x	_____	=	_____
Dryer	_____	x	_____	=	_____
Heater	_____	x	_____	=	_____
Generator	_____	x	_____	=	_____
Gas Grill	_____	x	_____	=	_____
Kitchen Equipment	_____	x	_____	=	_____
Other: _____	_____	x	_____	= Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
				Total BTU Load:	_____

Please Note: Normal gas delivery pressure is 6" water column.

Is This an Elevated Pressure Request Yes No
 If yes please indicate: 2psig or Line Pressure

ANY delivery pressure 2 psig and greater must be authorized and approved by the City of Richmond's DPU Chief Gas Engineer.

I certify that installation will conform to all applicable building codes and **Rules and Regulations of the Department of Public Utilities.**

***I AGREE THAT FAILURE TO INSTALL THE EQUIPMENT AND THE BTU LOAD SHOWN ON THIS PERMIT APPLICATION WILL RESULT IN HOMEOWNER/BUILDER HAVING TO PAY FOR THE COST OF THE SERVICE LINE.**

Contractor: _____ License# _____ Phone: (____) _____ - _____
 (Company Name)

Signed: _____ Date: _____
 Licensed Gas Fitter

Signed: _____ Date: _____
 Single Family Homeowner occupying the above single family dwelling and, doing his/her own work.

Elevated Pressure Authorized By: _____ Date: _____
 (Chief Gas Engineer)

***Allow a minimum of 30-45 days for installation of service.**