



**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"/>	_____
			<b>Total BTU Load:</b>		_____

**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.**