



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 # _____
 (Number/Street Name/Suffix/Apt Number/Zip Code) (If New Development)

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

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

To Be Used For: Business or Residence

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	Total BTU Input
Boiler	_____ x	_____ =	_____
Furnace or Hydro-Heat	_____ x	_____ =	_____
Domestic Water Heater	_____ x	_____ =	_____
Gas Logs	_____ x	_____ =	_____
Dryer	_____ x	_____ =	_____
Heater	_____ x	_____ =	_____
Generator	_____ x	_____ =	_____
Gas Grill	_____ x	_____ =	_____
Kitchen Equipment	_____ x	_____ =	_____
Roof Top Unit	_____ x	_____ =	_____
Other: _____	_____ x	_____ =	_____
Total BTU Load:			_____

Please Note: Normal gas delivery pressure is 6” water column.
(The gas delivery pressure range is between 4” and 8” water column.)

Is This an Elevated Pressure Request Yes No
 If yes please indicate: 2psig 5psig 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.**

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.**