



# CITY OF GARDEN PLAIN

## Gas Yard Line Permit Request

Permit No. \_\_\_\_\_

Date of Request: \_\_\_\_\_, 20\_\_\_\_

Location of work: \_\_\_\_\_  
(Address, City, Zip)

Name of Person work being done for: \_\_\_\_\_

Name of Company doing work: \_\_\_\_\_

Company Representative Name: \_\_\_\_\_

Gas Fitter Contractor License No. (Sedgwick Co.) \_\_\_\_\_

**Building to be used as:** Single Residence \_\_\_\_\_ Multiple Residence \_\_\_\_\_ Commercial \_\_\_\_\_

**Building type:** New Building \_\_\_\_\_ Existing Building \_\_\_\_\_

**Select one:**  
\_\_\_\_\_ Install new gas yard line where no previous gas service has been  
\_\_\_\_\_ Replace existing gas yard line  
\_\_\_\_\_ Repair existing gas yard line

***Proof of participation in drug consortium for employees doing work, if applicable***

Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____
Name _____	Yes _____	No _____

***Sign below stating that you have received & read the Standards & Specifications for Gas Yard Lines:***

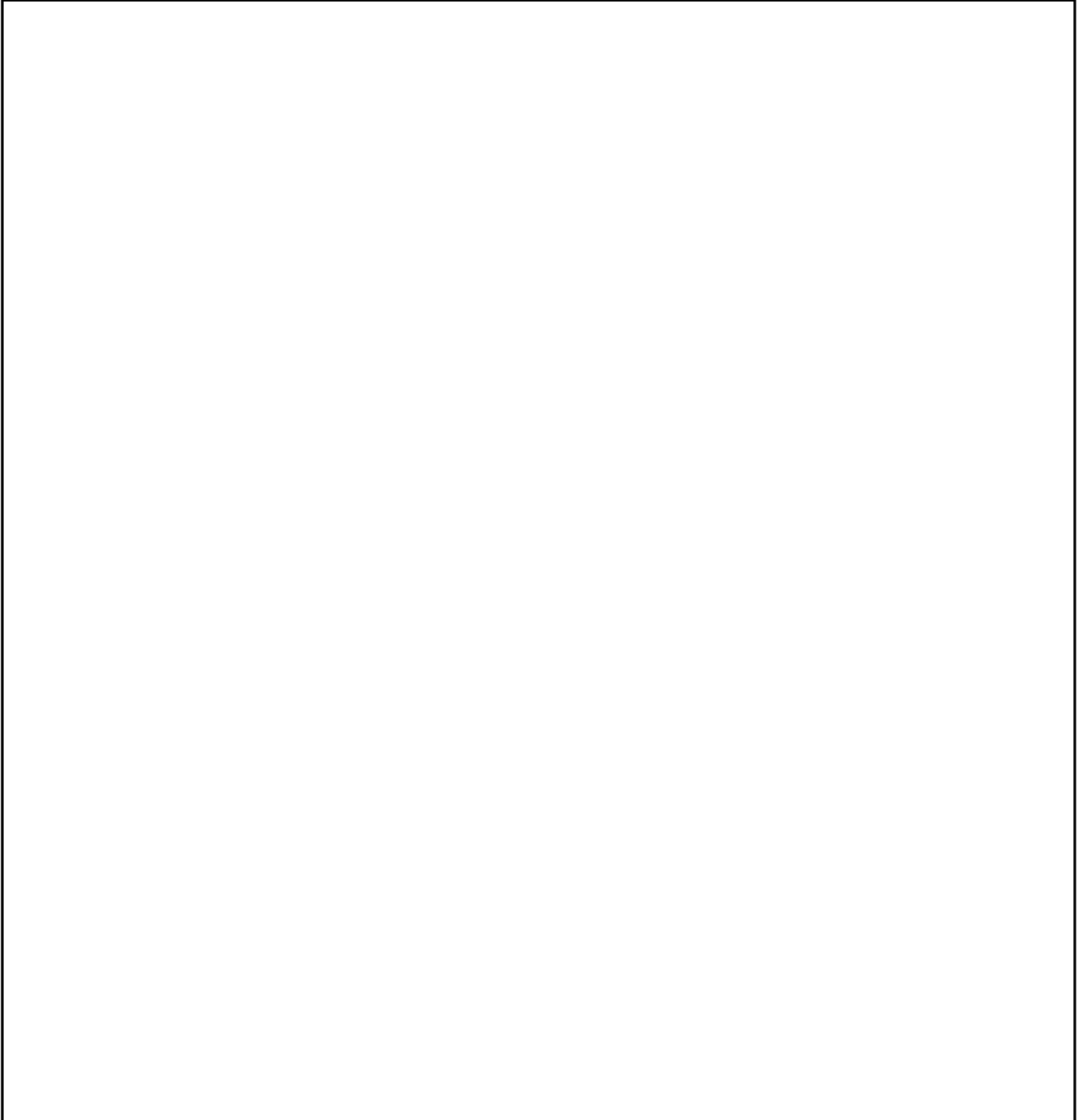
(X) \_\_\_\_\_ Print Name \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

**(OVER)**

***The City of Garden Plain Gas System Superintendent must inspect all gas piping before the trench is backfilled, and be present for the yard line pressure test.***

**Draw a diagram of the yard line, including the gas meter and building.**



Approximate Start Date: \_\_\_\_\_ Permit only good for 30 days from issuance