



Temporary Gas Release Request

I, the undersigned, hereby request Gwinnett County perform a temporary gas release inspection prior to issuance of the Certificate of Occupancy (C.O.) for the following construction project:

Building Permit #: _____

Street Address: _____

Lot # / Suite #: _____

I also acknowledge my complete responsibility for ensuring the following conditions are satisfied as a condition of authorization by Gwinnett County for gas service at this location:

- HVAC systems shall not be used for heating during construction.
- Gas-fired equipment shall not be operated in the presence of flammable glues or vapors.
- HVAC equipment filters shall be changed every fourteen (14) days and the system cleaned prior to issuance of a C.O.
- Gas piping shall be subject to 10 PSIG pressure test.
- Gas piping shall either be connected to each appliance or capped for future connection with a gas supply shutoff.
- Vented appliances shall be connected to the gas piping and ready for service.
- Manufacturer installation and warranty requirements shall be strictly followed at all times.

General Contractor: _____

(print first and last name)

Signature: _____ Date: _____

HVAC Contractor: _____

(print first and last name)

Signature: _____ Date: _____