

City of Fort Worth – Planning & Development Department – Plumbing Division
Application for Temporary Gas Service
Fax Number – 817-392-8116

Temporary Gas Service Letter

The owner and plumbing contractor agree to insure that all gas piping and heating appliances are complete.

The owner/applicant agrees that, if upon inspection of said premises by an plumbing inspector; he/she; the applicant will make all necessary changes to said plumbing in conformance to the requirements of the current City of Fort Worth Plumbing Code. The owner/applicant further agrees that, if any other city inspection violations are so noted by other divisions of the City of Fort Worth; and have not been corrected, or if the changes have not been made within sixty (60) days after such inspection, the City may have service disconnected to said owner/applicant until such changes have been made and approval by the plumbing inspector has been given.

The owner/applicant agrees to release the City of Fort Worth, and its agents from any and all liability of every kind and nature for damages to persons and/or property which may occur from defective gas piping methods and/or gas supplied equipment and hereby agrees to indemnify the City of Fort Worth and its agents for and to hold the City of Fort Worth and its agents harmless from any and all such liability.

APPLICANT USE:

WARNING: Signing of this document does not authorize occupancy of this structure.
Applicant Initial _____

Comm: _____ Resd: _____ 3rd Party: _____

Related Build/Ordinance Permit Numbers (If Applicable): _____

Job Address: _____

Owner/Agent (Print): _____ Telephone: _____

Master Plumber (Signature): _____ FW Reg #: _____

Master Plumber (Print): _____ FW Reg #: _____

Return Fax Number: _____

I hereby certify that I am the owner/authorized agent of said property and that the information given above is true and correct to the best of my knowledge. I further agree to the condition of this letter.

Owner/Agent Signature

Date

Payment Methods Available: Master Card: _____ Visa: _____ American Express: _____ Discover: _____

Card #: _____ Expire Date: _____ 3 Digit CVS Code: _____

Cardholder's Name: _____ Card Street Billing Address: _____

Signature: _____ Card Billing Zip Code: _____

OFFICE USE:

PERMIT #: _____ Hook-Up Dates: _____

Inspectors Signature: _____ Date: _____