

# Bangor Natural Gas

## FUEL GAS APPLIANCE & PIPING SYSTEM INSPECTION CERTIFICATE

This form is to be completed by the Mechanical Contractor, Propane & Natural Gas Technician, or Plumber, ("Contractor") who is licensed and qualified for the fuel gas appliances and piping system for which natural gas service is being requested. Proper qualification includes large equipment endorsement, if applicable. This document applies to both "temporary heat" installations and permanent installations.

This document **MUST** be completed and signed prior to natural gas service being initiated. The Contractor may fax the completed form to Bangor Gas at 207-262-4206, or at the time of turn-on may present the completed form and the Contractor's valid license to the Bangor Gas Technician. Thank you for your cooperation.

Service Location: \_\_\_\_\_  
(Street, City)

Customer Name: \_\_\_\_\_

Contractor  
Initial here

I hereby certify that, to the best of my knowledge and understanding, all gas appliances, gas piping, chimney/vent system and related appurtenances, have been installed and inspected in accordance with the latest editions of all applicable codes and standards including, but not limited to, the National Fuel Gas Code (NFPA 54) and the manufacturer's instructions.

All gas piping installed was subjected to and has passed the pressure test requirements specified in the National Fuel Gas Code (NFPA 54). Date Tested \_\_\_\_\_ Pressure \_\_\_\_\_

Commercial Pressure Requested / 8" WC or 2 PSIG

Please check and complete the following information for each natural gas appliance that you are installing or converting at this time.

Gas Utilization Equipment	Quantity	MBTU Input/hr	Brand Name	Previous Fuel	Date Connected
<input type="checkbox"/> Furnace.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Boiler.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Room/Space Heater.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Fireplace, Fireplace insert	_____	_____	_____	_____	_____
<input type="checkbox"/> Free-standing heating stove....	_____	_____	_____	_____	_____
<input type="checkbox"/> Hot Water Tank.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Cooking Range.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Cooking-Other, please indicate	_____	_____	_____	_____	_____
<input type="checkbox"/> Clothes Dryer.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Pool or Spa Heater.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Gas Light(s).....	_____	_____	_____	_____	_____
<input type="checkbox"/> Other, please indicate.....	_____	_____	_____	_____	_____

Contractor's Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Contractor's Gas License No.: \_\_\_\_\_

Signature: \_\_\_\_\_

State of License Issuance: \_\_\_\_\_

Date: \_\_\_\_\_