TEMPORARY GAS METER RELEASE

BUILDING & SAFETY DIVISION
(530) 795-4910 ext. 112 or 117  FAX (530) 795-4935
318 First Street    Winters, CA 95694

JOBSITE ADDRESS: ________________________________________________________________

SUBDIVISION: __________________________ LOT #:____________________________________

APN: ___________________________________ CONTRACTOR NAME: ____________________

PERMIT #:______________________________ OWNER NAME:___________________________

Request is hereby made for the temporary release of gas service to the subject project only for the purpose of testing equipment and/or construction power prior to final release.

I am fully aware of the provisions of the Administrate Code which indicates, in part, that no building or structure shall be used or occupied until the Building Official or authorized representative has issued a certificate of use and occupancy and/or finaled the building for occupancy.

Furthermore, it is not our intent to use or occupy this building until the City of Winters regulations and conditions concerning this building have been complied with. In addition, it is understood and agreed that the jurisdiction is hereby authorized to order discontinuance of the utility service for any violations of the above conditions prior to the final approval of use and occupancy. It is also understood that I will be subject to fees based on the current staff hourly rate for enforcement of any violation of the above conditions.

Temporary gas meter will be authorized for installation when:
• All special development fees have been paid
• The heated portions of the structure are totally enclosed and lockable
• The gas piping in the system must have previously pressure tested and must be protected from physical damage. All unconnected gas piping must be capped (gas valves will not be accepted)
• The furnace is connected to gas, electric, vents and ducts and combustion aire is properly provided
• Thermostats must be operational

Contractor/Owner: ______________________________________________________Date:_________

Phone #: ___________________________________________________________________________

Approval: ___________________________________________________________________Date: __________

Inspector REV0709JM