

## Gas Tap Application

<b>Property Address:</b>	<b>Date:</b>
<b>Owner:</b>	<b>Phone Number:</b>
<b>Contact Person:</b>	<b>Phone Number:</b>

<b>City</b>	<b>County</b>	<b>Residential</b>	<b>Commercial</b>
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**General directions to location where tap is to be made:**

**If Residential, list appliances to be used**

**If Commercial, provide load data (BTU, Pressure, etc)**

**To submit; complete requested information above, save file to your PC, open file , check information, then click on SUBMIT tab.**

<b>INTERNAL USE ONLY</b>		<b>CONTROL NO:</b>
Proposed gas service approved by: _____ Date: _____		
GA DOT / COUNTY permit required: YES NO		
<b><u>GAS TAP CONNECTION FEES:</u></b>		
<b>Type</b>	<b>Account No.</b>	<b>Amount</b>
1.) GAS TAP FEE	003.00.0471.00	
GAS TAP INCLUDES EXCESS FLOW VALVE		
Contractor / Plumber to contact John Cain @ 229-227-4056, two weeks before service is needed. Service to be installed before any landscaping is completed.		
<b>NOTES:</b>		