



Gas Tap Application

Property Address:	Date:
Owner:	Phone Number:
Contact Person:	Phone Number:

City	County	Residential	Commercial
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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 information above, save file to your PC, and then email to: engineeringdept@thomasville.org

CONTROL NO:

INTERNAL USE ONLY

Proposed gas service approved by: _____ Date: _____

GA DOT / COUNTY permit required: YES NO

GAS TAP CONNECTION FEES:

Type	Account No.	Amount
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.

NOTES: