

PREVIEW INFO	DATE OF REQUEST	STORIS INVOICE #	COUNTY WORK IS TO BE INSPECTED IN	PERMIT NO.	GAS TECH
	___ / ___ / ___				
	DATE OF PREVIEW	TIME OF PREVIEW		MAN HRS	NO. OF TECHS
	___ / ___ / ___	8AM– 12 PM or 1 PM–4PM			
CUSTOMER INFO	NAME				
	STREET ADDRESS				
	CITY, STATE, ZIP				
	PRIMARY PHONE				
	EMAIL				
SERVICE REQUEST	APPLIANCE			GAS TYPE	
	<input type="checkbox"/> Vented Logs <input type="checkbox"/> Vent Free Logs <input type="checkbox"/> Gas Insert <input type="checkbox"/> Direct Vent Fireplace	<input type="checkbox"/> Grill <input type="checkbox"/> Firepit <input type="checkbox"/> ??? Hood <input type="checkbox"/> Other _____	<input type="checkbox"/> LP <input type="checkbox"/> Natural <input type="checkbox"/> Natural 2PSI		
GAS LINE	Gas Line Connects to : <input type="checkbox"/> LP Tank <input type="checkbox"/> Natural Gas Meter <input type="checkbox"/> TEE In Gas Line Length of Gas Line to : Appliance _____ ft 2 nd Appliance _____ ft 3 rd Appliance _____ ft Size of Gas Line: _____ 2PSI Regulators Needed _____ Outside Sleeving Needed _____ ft CO2 Detectors Needed _____				
EXISTING FIREPLACE	OPENING – EXISTING FIREPLACE	EXISTING DV FIREPLACE		CHIMNEY	
	WIDTH _____"	WIDTH _____"		HEIGHT _____"	
	HEIGHT _____"	HEIGHT _____"			
	DEPTH _____"	DEPTH _____"			
NOTE : IF DIRECT VENT ALLOW AN ADDITIONAL 2" CLEARANCE OVER REQUIREMENTS					
NOTES	<hr/> <hr/> <hr/> <hr/>				