



City of Oroville

COMMUNITY DEVELOPMENT DEPARTMENT

1735 Montgomery Street
Oroville, CA 95965-4897
(530) 538-2401 – FAX (530) 538-2426
www.cityoforoville.org

TEMPORARY GAS SERVICE

Project: _____

Owners Name: _____ Phone #: _____

Job Address: _____

Assessor's Parcel #: _____ - _____ - _____

Permit # _____ - _____

Request is hereby made for the temporary release of gas service to the subject project, for a period of not to exceed 6 months. The request is only for the purpose of testing equipment or mechanical systems and/or dry out prior to final release.

To release temporary gas (tag the service) I understand that I will be required to request/schedule an inspection to verify that the pressure test of the gas line(s) have passed and the furnace (with thermostat) is correctly installed.

I am fully aware of the provisions of the Administrative 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 finalized the building for occupancy.

Furthermore, it is not our intent to use or occupy this building until all city 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 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.

Signature (owner) (required field)

Date:

Signature (contractor)

Date:

Print Contractor Name

Lic. #

Temporary Gas Service Fee \$172 + Technology Cost Recovery Fee \$10.32= **\$182.32** (minimum 1 inspection)

Approved by: _____ Date: _____

Temporary gas service authorized for a period of no more than _____ days.