CITY OF GRAPEVINE

TEMPORARY GAS RELEASE

Temporary gas has been requested for the purpose of construction, remodeling, addition or improvement to the following described property. <u>It is understood that this release in no way authorizes occupancy of the building.</u> It is further understood that this temporary release is for a thirty (30) day maximum time period and the undersigned releases all claims that may occur through accidents or spoilage of any type resulting from said gas power being turned off at the end of the thirty (30) day maximum time period.

ADDRESS LOCATION OF TEMPORARY GAS RELEASE:

ADDRESS: _____

PERMIT NUMBER: _____

CONTRACTOR INFORMATION

NAME OF APPLICANT:	
ADDRESS OF APPLICANT:	
CITY, STATE, ZIP:	
TELEPHONE NUMBER:	

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INSPECTIONS FOR TEMPORARY GAS MUST BE REQUESTED AT (817) 410-3010

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_____ _____ _____

SIGNATURE: **PRINT NAME:** **DATE:**

_____ _____

BUILDING OFFICIAL SIGNATURE: **DATE:**