



DPU Gas Permit Application

City of Richmond, Virginia – Department of Public Utilities
 Development Services Division – 900 E Broad St, Suite 115, Richmond, VA 23219
 Office Phone: 804.646.8544 Fax Number: 804.646.3199

Email scanned permits to: DPU.DevelopmentServices@Richmondgov.com

CONTRACTOR/OWNER NAME CONT. LICENSE# PHONE

SERVICE ADDRESS ZIP CODE

SUBDIVISION NAME/LOT# CROSS STREET

PROPERTY IS LOCATED IN: CITY OF RICHMOND HENRICO COUNTY CHESTERFIELD COUNTY

OWNER/ACCOUNT HOLDER PHONE EMAIL

PLEASE COMPLETE BILLING REQUEST FORM ON PAGE 2

SITE CONTACT CELL# EMAIL

BUILDER PHONE EMAIL

PROPERTY TYPE: RESIDENTIAL PROPERTY: COMMERCIAL PROPERTY:

GAS DELIVERY PRESSURE: *Select Standard or Elevated; one option must be selected.*

STANDARD DELIVERY PRESSURE - 6" WC (WATER COLUMN):

ELEVATED DELIVERY PRESSURE - 2 PSIG(POUNDS PER SQUARE INCH GAUGE):

TYPE OF REQUEST: *Select New Service or Addition; one option must be selected.*

NEW SERVICE *New Service* -if a service line from the gas main in the street to the property needs to be installed.

ADDITION *Addition*- if a gas service line is existing from the main to the property and a change in delivery pressure is requested, additional gas equipment is being installed, or an additional gas meter is requested to be installed.

EQUIPMENT TO BE INSTALLED & EXISTING EQUIPMENT (if applicable) Failure to provide the BTU load information may result in the wrong pipe or meter size being installed. –Do not include *future* equipment to be installed.

EQUIPMENT	Select Type From Dropdown (if applicable)	#	BTU INPUT	TOTAL BTU INPUT
BOILER				
FURNACE				
DOMESTIC WATER HEATER				
RANGE				
GAS LOGS				
GENERATOR				
GAS GRILL				
HEATER				
DRYER				
OTHER:				
TOTAL BTU LOAD:				

****FOR COMMERCIAL CUSTOMERS ONLY** LINE PRESSURE (GREATER THAN 2PSIG) MAY BE REQUESTED BY CHECKING THIS BOX:**

-FOR OFFICE USE ONLY-
 *Delivery pressure greater than 2 psig must be authorized and approved by the City of Richmond's DPU Chief Gas Engineer.
 I certify that installation will conform to all applicable building codes and **Rules and Regulations of the Department of Public Utilities.**
 Authorized By _____
 Date: _____ Chief Gas Engineer

PLEASE ALLOW 30-45 DAYS FOR REQUESTS

I certify that I own or am authorized to represent the owner of the property indicated on this application. I certify that the information provided is accurate and the equipment listed at the BTU loads provided on this application will be installed within six (6) months of service installation. Changes not reported on this application (or failure to install equipment as stipulated) may result in additional costs and could delay service.

Signed: _____ Date: _____



DPU Billing Request Form for Gas Permit Applications

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Scan this form to : DPU.DevelopmentServices@richmondgov.com

SERVICE ADDRESS

SUBDIVISION NAME

PROJECT NAME

Current Account Number (if applicable) Provide only if you wish the billing to remain the same for the service address you have listed above.

Commercial Accounts

Company Name :

Federal Tax ID #

Billing Address

City, State, Zip

Billing Phone #

Email address

Residential Accounts

First Name

 Last Name

Billing Address

City, State, Zip

Drivers License # or Last 4 of SSN

Billing Phone #

Email address
