



30-DAY GAS SERVICE AFFIDAVIT
HALL COUNTY BUILDING INSPECTIONS

P.O. Box 1435
Gainesville, GA 30503
Phone: (770) 531-6809 Fax: (770) 531-3901

Date: _____

Permit Number: _____

Inspector: _____

*Please issue a Temporary Approval on the Gas Service conductors and service switch at
_____ for a period of 30 days.*

I hereby assume responsibility and liability for any use of gas in the building during this temporary period.

It is understood that an extension of this temporary approval must be applied for if the work is not completed at the expiration time; otherwise we understand that you will direct the Gas Company to disconnect the service.

It is further understood that the inspector may refuse to extend this temporary approval for good and sufficient reasons.

It is further understood that no occupancy is to be allowed during use of this temporary approval and that any occupancy will result in a disconnection of the gas service.

I, or we, relieve Hall County and its Inspectors from any liability for damages or loss for ordering gas disconnected from the piping system.

General Contractor or Owner Signature

Mailing Address

Tenant Name

Tenant Address

Notary Signature

Commission Expires:

PLUMBING & MECHANICAL CONTRACTOR'S STATEMENT

This service equipment for which approval is being applied has been installed in accord with all applicable codes and will be ready for inspection on _____ (date).

Plumbing & Mechanical Business Name

Plumbing & Mechanical Contractor Signature

Notary Signature

Commission Expires: