



TOWN OF EASTON
BUILDING DEPARTMENT

EXTERIOR GAS LINE INSTALLATION ONLY

Date: _____

Town of Easton
Office of the Building Official
225 Center Road
Easton, CT 06612

RE: Exterior Gas Line Installation

To whom it may concern,

This letter is to certify that the:

Exterior Gas Line

PERMIT # _____

Located at: _____, Easton, CT 06612.

Has been installed & pressure tested as per the requirements of the Building Code of the State of Connecticut.

NAME (printed):		
Signature:	Date:	
Company Name:	Phone:	
Company Address:		
License Class:	LIC#	Exp. Date: