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Land Use Services Department Building & Safety Division

REQUEST FOR TEMPORARY USE OF PERMANENT GAS SERVICE

I, request (Please print name and title)	temporary use of the permanent gas
service for the construction project at:	
Address:	
APN:	
Permit Number:	
For the purpose of testing and or construction gas. Access will maintained in a safe condition at all times.	be limited to authorized personnel and
I understand this does not authorize or permit occupancy of the comply with all County regulations and conditions of approval reany temporary utility service granted shall be valid for a period or, while under construction, an active permit is in effect. This stock or furnish the structure. I authorize San Bernardino Count without further notice to me for: 1) any violation of the regulations prior to final approval of use and occupancy; 2) non-renewal aperiod or upon expiration of construction permit; 3) approval f Division.	elating to this project. I understand that of 180 days from the date of approval, approval is not authorization to occupy ty to request discontinuance of services or conditions pertaining to this project and approval of the 180 day limitation
By signing this form I affirm that I am the owner or authorized ag with full authority and ability to make and enforce this agreement associated with litigation to enforce this agreement shall be paid	nt. Any cost to San Bernardino County
Signed:Da	ate:
Please select:	
Property owner	
Property owner's representative	
Project Manager	
For official Use: Supervisor's Signature	Date:

Note: Make an entry on the permit that temporary use of permanent gas service has been granted. Notify the utility company in the usual manner. Scan and link this document in Permits Plus "office links".