



CONSUMER GAS LOAD INFORMATION

(To be completed by consumer)

PROJECT INFORMATION

PROJECT LOCATION	CITY
	CROSS STREET

APPLICANT INFORMATION

NAME (As it should appear on Contract)		DAY PHONE # (include Area Code)	
STREET ADDRESS (Include Apt/Suite, or Building Info – No P.O. Box)	CITY	STATE	ZIP CODE
MAILING ADDRESS (If different than street address)	CITY	STATE	ZIP CODE
CONTACT NAME AND TITLE	DAY PHONE # (Include Area Code)	FAX #	
PAGER # (Include Area Code)	MOBILE # (Include Area Code)	E-MAIL ADDRESS	

CONSTRUCTION CONTACTS

NAME	TITLE	DAY PHONE # (Include Area Code)	FAX #

TYPE OF LOAD: STEADY INTERMITTENT

LOAD INFORMATION

(Please indicate the gas equipment being installed and the associated load. Prepare a separate form for each meter):

List All Equipment (New and Existing)	New	Existing	Equipment Type (REQUIRED)	Quantity	Equipment Input per Unit (BTU/hr) (REQUIRED)	Operating Schedule (COMMERCIAL REQUIRED)			Equipment Function
						(Hrs/Day)	(Days/Wk)	(Mon/Yr)	
Example	X		Boiler						Space Heating
Item 1									
Item 2									
Item 3									
Item 4									
Item 5									
Item 6									
Item 7									

TOTAL INPUT B.T.U./Hr _____

*If additional space is needed, please add another copy of this page per meter

DATE SUBMITTED _____

USE FOR ELEVATED PRESSURE

(LBU use only)

DATE: _____

TO: METER SHOP SUPERVISOR FROM: _____

TYPE OF CONSUMER: _____

SERVICE ADDRESS: _____

MAIN PRESSURE: 7 # 10 # 15 # 25 # 40 #

ELEVATED HOUSELINE PRESSURE:

2 # 5 # 10 # OTHER # LINE PRESSURE

HOUSELINE SIZE: 1-1/4" 1-1/2" 2" 3" 4" 6" 8"

(Only above standard stock sizes are acceptable for tie-in.)

SERVICE LINE SIZE: 3/4" 1" 1-1/4" 2" 3" 4"

(2" and larger MSAs shall be welded. If threaded, subject to Engr & Gas Services review.)

METERING: CODE _____ TYPE: DIAPHRAGM ROTARY TURBINE
ULTRASONIC

INDEX: STANDARD PRESSURE

INSTRUMENTATION _____

REGULATION: MFG _____ TYPE _____

ORIFICE SIZE: _____ SPRING NUMBER: _____

FILTER: 3/4" 1" 1-1/4" 1-1/2" 2" 3" 4" 6"

MODEL NUMBER _____ OTHER _____

REMARKS: _____

SIZED BY: _____ DATE: _____

Sign offs:
Inspector
Meter Shop Supervisor

As-built equipment verified
MSA photos included

INVESTIGATION # _____