



A Sempra Energy utility

# REQUEST FOR RESIDENTIAL GAS FACILITIES

Return Via Fax #:

ATTN:  
Mailing Address:

Phone #:

CA

For Gas Co. Use Only  
Builder I.D. Contact Rep  
TP

Project #:  
Application Received Date:

## PROJECT INFORMATION

PROJECT LOCATION	CITY	COUNTY
CROSS STREET	TRACT(S) #	LOT(S)

## APPLICANT INFORMATION

NAME (As it should appear on Contract)	SOCIAL SECURITY # / TAX ID	DAY PHONE # (w/area code)	
STREET ADDRESS (Include Apt/Suite, or Bldg Info – No P.O. Box)	CITY	STATE	ZIP CODE
PARENT COMPANY NAME (if different)			
MAILING ADDRESS (If different than street address)	CITY	STATE	ZIP CODE
CONTACT NAME & TITLE	DAY PHONE # (w/area code)	FAX # (w/area code)	
EMAIL ADDRESS	MOBILE # (w/area code)	PGR # (w/area code)	

## CONSTRUCTION CONTACTS

NAME	TITLE	EMAIL ADDRESS	DAY # (w/AC)	FAX # (w/AC)

TYPE OF GAS INSTALLATION REQUESTED:

- Main       Service(s)       Meter(s)       Stubs

PREFERRED METHOD OF INSTALLATION:

- Applicant Provided Joint Trench       Gas Company Provided Gas Only Trench  
 Applicant Provided Gas Only Trench

ESTIMATED GAS INSTALLATION START DATE: \_\_\_\_\_

TYPE OF CONSTRUCTION (Check One):

- Single Family       Multi-Family Rental       Townhouse  
 Condo       Other (Describe): \_\_\_\_\_

## LOAD INFORMATION

Planned # of Dwelling Units: \_\_\_\_\_

Planned # of Community Facilities (Recreation Center, Pool Heater, Spa, Laundry Room, Etc.): \_\_\_\_\_

Planned # of Central Facility Meters (those that service dwelling units): \_\_\_\_\_

Gas Appliance	Dwelling Units		Central Facility			Community Facility	
	Quantity	MBTU	Quantity	# of Units Served	MBTU	Quantity	MBTU
<input type="checkbox"/> Cooktop							
<input type="checkbox"/> Oven							
<input type="checkbox"/> Water Heater							
<input type="checkbox"/> Space Heating							
<input type="checkbox"/> Air Conditioning							
<input type="checkbox"/> Clothes Dryer Stub							
<input type="checkbox"/> Fireplace Stub							
<input type="checkbox"/> Patio Stub							
<input type="checkbox"/> Spa/Pool Heater							

Other Gas Appliances (specify): \_\_\_\_\_

Please provide Gas Company Representative, if known: \_\_\_\_\_

Please provide me with additional information on:  Applicant Design       Applicant Install

Application Submitted By:	Title:	Date:
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