



# REQUEST FOR NON-RESIDENTIAL GAS FACILITIES

Return Via Fax #: 213 244 5039

ATTN:

Phone #:

Mailing Address:

CA

For Gas Co. Use Only  
AE Acct. Contact Rep  
Yes No TP

Project #:  
Application Received Date:

## PROJECT INFORMATION

PROJECT LOCATION	CITY
COUNTY	CROSS STREET

## APPLICANT INFORMATION

<u>NAME</u> (As it should appear on Contract )	<u>SOCIAL SECURITY # / TAX ID</u>		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:**  New  Existing, (account #: \_\_\_\_\_ )

The following equipment information is **REQUIRED** to process your Application.

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

List All Equip. (New and Existing)	N e w	E x i s t i n g	Equip. Type	Q u a n t i t y	Equip Input per Unit (MBTU/hr.)	Operating Schedule			Type of Alternate Fuel (If applicable)	Equipment Function
						(Hrs/Day)	(Days/Wk)	(Wks/Yr)		
Example	X		Boiler	1	2,500	8	5	34	Propane	Space Heating
Item 1			CNG compressor							CNG fuel
Item 2										
Item 3										
Item 4										
Item 5										
Item 6										
Item 7										

\*If additional space is needed, please add another copy of this page.

Gas Pressure Requested:  8" Water Column (Standard):  5 lbs.  Other: \_\_\_\_\_

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

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

*Application Submitted By:*

*Title:*

*Date:*