



GAS SERVICE LOAD AND LOCATION REQUEST FORM

SERVICE LOCATION INFORMATION

CUSTOMER NAME: _____

STREET ADDRESS: _____

CITY: _____ **PHONE NUMBER:** _____

WHAT WILL BE BUILT (CHECK BOX): **SINGLE-FAMILY** **MULTI-FAMILY**

COMMERCIAL

INDUSTRIAL

IS THE FOUNDATION UP (CIRCLE)? YES NO

IS THE FRAMING UP (CIRCLE)? YES NO

PLEASE PROVIDE THE TOTAL MAXIMUM GAS LOAD REQUIRED FOR THE LOCATION (YOUR LICENSED GAS PLUMBER CAN ASSIST IN COMPLETING THIS PORTION):

HEAT:	(EXAMPLE 100,000 BTU)	COMMERCIAL BOILER:	
HEAT:		HEAT TREAT OVEN:	
WATER HEATER:		GENERATOR:	
STOVE:		GENERATOR:	
FIREPLACE:		CHILLER:	
DRYER:		CHILLER:	
POOL HEATER:		OTHER	
GRILL:		OTHER	
FRYER:		OTHER	
OVEN:		OTHER	
		OTHER	
		OTHER	

TOTAL BTU/HR: _____

DELIVERY PRESSURE: _____

BY THE WAY OF THIS SIGNATURE, I AGREE THAT I WILL BE RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH ANY REVISIONS, BEFORE AND AFTER INSTALLATION, DUE TO INFORMATION CONTRARY TO THAT ABOVE.

CUSTOMER SIGNATURE: _____ **DATE:** _____

PLEASE NOTE IF THIS FORM IS NOT COMPLETED ITS IN ENTIRETY, WE WILL NOT PROCEED WITH YOUR REQUEST. SEND ALL APPLICATIONS TO PDU@CITYOFPORTLANDTN.GOV.