

## **APPLICATION FOR NATURAL GAS SERVICE**

DELAWARE, YORK, & CHESTER COUNTIES, ALSO LOWER MERION		1060 W SWEDESFORD RD PHONE 1-800-454-4100 FAX 610-64 BERWYN, PA 19312					FAX 610-648-7771		
		EMAIL: DelChesterNewBusiness@exeloncorp.com							
BUCKS & MONTGOMERY COUNTIES		400 PARK AVE WARMINSTER, PA 18974		PH	PHONE 1-800-454-4100			FAX 215-956-3240	
		FMAIL: BucksMontl	NewBi	ısiness@exe	loncorp.co	m			
NEW RESIDENTIAL CONSTRUCTION		EMAIL: BucksMontNewBusiness@exeloncorp.com  400 PARK AVE PHONE 1-800-454-4100 FAX 215-956-3380							
(UNDERGROUND ELECTRIC) ALL COUNTIES		WARMINSTER, PA							
	EMAIL: NRCGCLS@exeloncorp.com								
1 Please provide the following in	formation	for the location	2 DE	CO Energy r	oquires th	at o	ווג מסכ כו	ustomors onter	
1. Please provide the following information of the gas service.		i ioi tile location	2. PECO Energy requires that our gas customers enter into an agreement prior to the installation of gas						
or the gas service.			acilities. Please furnish the name and address for the						
Customer Information: Own I	Property			person authorized to sign this contract.					
Property			_		_				
Contact Person			Cont	act Name					
Company Name			Com	pany Name					
Service Address			Stree	et Address					
City, State, Zip			City,	State, Zip					
Telephone			Tele	phone					
Electric Acct. Number			Tax I	D#					
Email Address			Ema	il Address					
		T.							
3. Load Request Type		4. Type of Buildin	g				Other		
New Construction (electric unde	erground)	Retail Store		Reside	nce		Wareh	ouse	
New Construction (electric aeria	Office/Commercia		al Institutional			Apartm	nent/Condo		
New Gas Service, Existing Build	Restaurant	Restaurant Gove		mental		ial			
5. Please check the Billing Rate for which you are applying									
Rate GC		General Service for u						ons, with the right	
OR (50001405)		to restrict its use as boiler fuel and for other non-critical use.  rtation - Transportation service shall consist of: the receipt of gas on behalf of a							
Transportation (5000MCF)	the transportation of gas through the Company's distribution facilities; and the								
	of equivalent quantities of gas to the Customer, adjusted for thermal correction and								
		sses where applicable							
FIRM	regular and	uninterrupt	ted si	upply of	service as outlined in				
OR the current PECO Gas Tariff Interruptible - Natural gas services can					, he discon	tinua	d under	the terms of the	
☐ Interruptible								Customers who have	
		capability or are willir							
	an estima	ted gas consumption							
Desidential	•	November							
Residential	Residenti	al gas rate							
6. How many meters are you pla	nning to	install?							
7. What is your installation need	_								

8. What is the tot	tal heated	square fo	otage	of the building	that will utiliz	e Natur	al Gas?			
☐ Office/Commercial/Retail Use Sq. Ft				☐ Warehouse/Manufacturing space Sq. Ft			☐ Apartment/Condo/Residence Sq. Ft			
PLEASE NOTE THAT	T ALL REO	UESTS FOR	NEW	V GAS LOADS TO	PECO SYSTEN	/IS MUS	T BE REVIEWED F	OR CAPACITY. DO NO		
							WITH A PECO RE			
• •	eater, wa	ter heater,	pain		rill, etc. Please	provide	e the BTU input fo	h as furnace, boiler, IR or EACH PIECE of		
Equipment Ty		# Unit		1	Unit or MCF		ipment Pressure	Hours Used Per Day		
SAMPLE Furnace		1		500,000 BTU's		Equ	LOW	12 hrs/day		
TOTAL										
40 144 1 1 1 1	!:		•							
10. Which Natural	Gas Deliv	•		required to you 2 PSIG	r building?		10 PSIG	Line Pressure		
		***		21310				Enic i ressure		
11. Who is your co	ntractor t	hat will be	insta	alling your equip						
Contractor Name					Telephon		per			
Company Name					Email Add	aress				
In the box below, p	lease drav	v a simple	sketo	h of your buildi	ng showing the	e buildir	ng location, stree	t address and		
closest intersection	, location	of your eq	uipm	ent room and p	referred mete	r locatio	on.			
Indicate North				DRAW A BOX FOR TH	E BUILDING LOCATION	N				
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