

Application for Natural Gas Service

DELAWARE, YORK, & CHESTER COUNTIES, ALSO LOWER MERION: 1060 W. SWEDESFORD RD, BERWYN, PA. 19312
FAX # 610-648-7771

BUCKS & MONTGOMERY COUNTIES: 400 PARK AVE, WARMINSTER, PA. 18974
FAX #215-956-3240

NEW RESIDENTIAL CONSTRUCTION (UNDERGROUND ELECTRIC): 400 PARK AVE, WARMINSTER, PA. 18974-
ALL COUNTIES
FAX #215-956-3380

Telephone Number for all areas - 1-800-454-4100

1. Please provide the following information for the location of the gas service.

Customer Info: Own Property Lease Property
 Contact Person _____
 Company Name _____
 Service Address _____
 City, State, Zip _____
 Telephone _____
 Acct. Number _____

2. PECO Energy requires that our gas customers enter into an agreement prior to the installation of gas facilities. Please furnish the name and address for the person authorized to sign this contract.

Contact Name _____
 Company Name _____
 Street Address _____
 City, State, Zip _____
 Telephone _____
 Tax ID # _____

3. LOAD REQUEST TYPE:

- New Construction
- New Gas Service, Existing Building
- Fuel Conversion from Oil/Propane
- Additional Gas Load/Service Adequacy

4. TYPE OF BUSINESS:

- Retail Store
- Office/Commercial
- Restaurant
- Warehouse
- Other
- Institutional
- Governmental
- Industrial
- Apartment/Condo

5. Rates:

- A. PECO Tariff or Transportation (5000MCF)
- B. FIRM or Interruptible
- Residence

6. CURRENT HEATING SOURCE: (If you don't know the BTU rating, please estimate or provide last year's total energy usage for the equipment that will be replaced).

Gas _____ MCF/yr Propane _____ gal/yr
 Oil _____ gal/yr Other _____ /yr

****PLEASE NOTE THAT ALL REQUESTS FOR NEW GAS LOADS TO PECO SYSTEMS MUST BE REVIEWED FOR CAPACITY. DO NOT INSTALL ANY NEW GAS FIRED APPLIANCES WITHOUT FIRST CONSULTING WITH A PECO REPRESENTATIVE****

7. EQUIPMENT LIST ITEMIZATION Will "heating load" be added (ie: furnace, boiler, IR heat, rooftop heater)? Will "process load" be added (ie: water heater, paint dryers, fryer, grills)? Please provide the BTU input for EACH PIECE of equipment to be installed.

*******MUST HAVE THIS INFORMATION TO PROCESS REQUEST*******

New or Existing	Fuel Type (Nat Gas, Oil, Propane)	Equipment Type (Boiler, Furnace, WH, Grill)	No. of Units	BTU Input/Unit or MCF (BTU/hr, Gallons/hr)	Equipment Pressure	Hours Used Per Day
Sample: New	Natural Gas	Furnace	1	500,000 BTU's	LOW	12 hrs/day
NEW						
TOTAL						

Application for Natural Gas Service (con't)

8. TOTAL HEATED SQUARE FOOTAGE FOR THIS BUILDING THAT WILL UTILIZE NATURAL GAS:

- Office/Commercial/Retail Use _____ Sq. ft. Ceiling Height _____
- Warehouse/Manufacturing space _____ Sq. ft.
- Residence _____ Sq. ft.

9. WHICH NATURAL GAS DELIVERY PRESSURE IS REQUIRED TO YOUR BUILDING:

- 6" W.C. 12.2" W.C. 2 PSIG * 5 PSIG * 10 PSIG * LINE

10. WHAT DATE IS SERVICE NEEDED BY? _____

11. EQUIPMENT INSTALLATION DATE? _____

12. PLEASE PRINT THE INFORMATION BELOW FOR THE CONTRACTOR THAT WILL BE INSTALLING THE NEW GAS EQUIPMENT:

CONTRACTOR NAME: _____
 COMPANY: _____
 TELEPHONE: _____ FAX NUMBER: _____

13. Customer/Contractors Signature: _____ DATE: _____

14. Final Contract delivered to: Customer PECO Account Executive/Account Manager (For Internal Use only)

15. IN THE BOX BELOW, PLEASE DRAW A SIMPLE SKETCH OF YOUR BUILDING SHOWING:

- Building Location
- Street Address and closest intersecting cross street(s)
- Location of your Equipment Room
- Preferred Meter Location
- # OF METERS REQUESTED _____

Indicate North DRAW A BOX FOR THE BUILDING LOCATION