

APPLICATION FOR NATURAL GAS SERVICE

DELAWARE, YORK, & CHESTER COUNTIES, ALSO LOWER MERION	1060 W SWEDESFORD RD BERWYN, PA 19312 EMAIL: DelChesterNewBusiness@exeloncorp.com	PHONE 1-800-454-4100 FAX 610-648-7771
BUCKS & MONTGOMERY COUNTIES	400 PARK AVE WARMINSTER, PA 18974 EMAIL: BucksMontNewBusiness@exeloncorp.com	PHONE 1-800-454-4100 FAX 215-956-3240
NEW RESIDENTIAL CONSTRUCTION (UNDERGROUND ELECTRIC) ALL COUNTIES	400 PARK AVE WARMINSTER, PA 18974 EMAIL: NRCGCLS@exeloncorp.com	PHONE 1-800-454-4100 FAX 215-956-3380

1. Please provide the following information for the location of the gas service. Customer Information: <input type="checkbox"/> Own Property <input type="checkbox"/> Rent/Lease Property	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 Person	Contact Name
Company Name	Company Name
Service Address	Street Address
City, State, Zip	City, State, Zip
Telephone	Telephone
Electric Acct. Number	Tax ID #
Email Address	Email Address

3. Load Request Type	4. Type of Building	<input type="checkbox"/> Other
<input type="checkbox"/> New Construction (electric underground)	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Warehouse
<input type="checkbox"/> New Construction (electric aerial)	<input type="checkbox"/> Office/Commercial	<input type="checkbox"/> Apartment/Condo
<input type="checkbox"/> New Gas Service, Existing Building	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Residence	<input type="checkbox"/> Institutional
	<input type="checkbox"/> Governmental	

5. Please check the Billing Rate for which you are applying

<input type="checkbox"/> Rate GC OR <input type="checkbox"/> Transportation (5000MCF)	Rate GC – General Service for use in commercial and/or industrial applications, with the right reserved to restrict its use as boiler fuel and for other non-critical use. Transportation - Transportation service shall consist of: the receipt of gas on behalf of a Customer; the transportation of gas through the Company's distribution facilities; and the delivery of equivalent quantities of gas to the Customer, adjusted for thermal correction and system losses where applicable.
<input type="checkbox"/> FIRM OR <input type="checkbox"/> Interruptible	Firm – PECO will provide a continuous regular and uninterrupted supply of service as outlined in the current PECO Gas Tariff Interruptible – Natural gas services can temporarily be discontinued under the terms of the current PECO Gas Tariff. Interruptible sales service is available to individual Customers who have dual-fuel capability or are willing to accept interruption of gas service. The Customer must have an estimated gas consumption of at least 3,000 Mcf per month during each month between April and November
<input type="checkbox"/> Residential	Residential gas rate

6. How many meters are you planning to install? _____

7. What is your installation need date? _____

8. What is the total heated square footage of the building that will utilize Natural Gas?

Office/Commercial/Retail Use _____ Sq. Ft
 Warehouse/Manufacturing space _____ Sq. Ft
 Apartment/Condo/Residence _____ Sq. Ft

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

9. Equipment List Itemization List all natural gas appliances/equipment that you plan to install such as furnace, boiler, IR heat, rooftop heater, water heater, paint dryers, fryer, grill, etc. Please provide the BTU input for EACH PIECE of equipment to be installed. **WE MUST HAVE THIS INFORMATION TO PROCESS REQUEST**

Equipment Type	# Units	BTU Input/Unit or MCF	Equipment Pressure	Hours Used Per Day
<i>SAMPLE Furnace</i>	<i>1</i>	<i>500,000 BTU's</i>	<i>LOW</i>	<i>12 hrs/day</i>
TOTAL				

10. Which Natural Gas Delivery Pressure is required to your building?

6" WC
 12.2" WC
 2 PSIG
 5 PSIG
 10 PSIG
 Line Pressure

11. Who is your contractor that will be installing your equipment?

Contractor Name		Telephone Number	
Company Name		Email Address	

In the box below, please draw a simple sketch of your building showing the building location, street address and closest intersection, location of your equipment room and preferred meter location.

Indicate North DRAW A BOX FOR THE BUILDING LOCATION