

Utility Infrastructure Provider (UIP) Enquiry Form

All the information in this form supplied by the individual, firm or company to Northern Gas Networks is confidential to that individual, firm or company and MUST NOT be disclosed to any other person, including any person employed in Northern Gas Networks Connections Service Provider, without the consent of that individual, firm or company

For the attention of Northern Gas Networks

Date of Request Return to Requester By.....Your Ref. No.

The request is submitted on behalf of the owner-occupier by the applicant below in the capacity of Shipper / Supplier / GT / Consultant / Owner-occupier / Developer / Utility Infrastructure Provider / Other - (Delete as appropriate)

Enquiring Company Name..... Contact Name

Address.....

Post Code..... Telephone No.....Fax No.....

Proposed Site Information

Site Contact Telephone Number:

Site Name..... Site Location Plans Attached: Y/N

Site Address..... Connection Location: Easting

..... Northing

..... OS Map No.(eg. TA 1232 NE)

Post Code.....

Type of works (delete as required) : New Supply/Alteration/Information Request/Disconnection Information Request

Type of Development (delete as required) : Domestic/Commercial/Industrial

Is this a Fuel Poor Extension? Y/N

Load Details

Does the proposed load follow a normal space heating pattern? Y/N

For industrial/commercial premises indicate the following:

Type of Load (eg. modulating, constant, process/on-off/CHP)

Is the proposed load requested to be Interruptible? Y/N (if not completed assume Firm)

Will a compressor be fitted? : Y/N

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	Ultimate load
No. of individual premises						
Maximum Annual Consumption in kWh						
Maximum Instantaneous Rate in kW						
Maximum Instantaneous Rate in m3/hr						

Has the load been diversified? Y/N

Does your request fall within the parameters of the standard design pressure tables in NGN/SP/NP/14/E? Y/N

If Yes, do you want to use the standard pressure? Y/N*

*Please note that if a network analysis service is requested this will be chargeable.

Anticipated Connection Date:

For service alterations or disconnections:

MPRN (where known)

Signed Print Name.....Position.....