Utility Infrastructure Provider (UIP) initial 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 reference number** |  |
| **Contact name** |  |
| **Company name** |  |
| **Address** |  |
| **Telephone number** |  | **Fax number** |  |

# Proposed Site Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Site contact** |  | **Telephone number** |  |
| **Site name** |  | **Site location plans attached?** | Yes/No |
| **Site address** |  | **Connection location** |  |
| Easting |  |
| Northing |  |
| **OS map number** (e.g. TA 1234 NE) |  |

|  |  |
| --- | --- |
| **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?** | Yes/No |

# Load details

|  |  |
| --- | --- |
| **Does the proposed load follow a normal space heating pattern?** | Yes/No |
| **For industrial/commercial premises indicate the following:** |
| **Type of Load** (e.g. modulating, constant, process/on-off/CHP) |  |
| **Will a compressor be fitted?** | Yes/No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Ultimate load** |
| **Number of individual premises** |  |  |  |  |  |  |
| **Maximum annual consumption in kWh** |  |  |  |  |  |  |
| **Maximum instantaneous rate in kW** |  |  |  |  |  |  |
| **Maximum instantaneous rate in m3/hr** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Has the load been diversified?** | Yes/No |
| **Does your request fall within the parameters of the standard design pressure tables in NGN/SP/NP/14/E?** | Yes/No |
| **If Yes, do you want to use the standard pressure?\*** | Yes/No |
| **Anticipated connection date** |  |

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

# For service alterations or disconnections

|  |  |
| --- | --- |
| **MPRN (where known)** |  |
| **Print name** |  | **Position** |  |
| **Signed** |  |