

UIP Quotation/Request & Design Notification 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..... Your Ref. No.

Has an Enquiry Form been submitted for this site previously? Y/N
 If Yes, Northern Gas Networks Ref No.....

Enquiring Company Name.....
 Contact Name.....
 Address.....

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

GIRS REGISTRATION SCOPE:	
CONFIRM COMPANY NAME FOR THE FOLLOWING REGISTRATION SCOPES;	
Design
Construction/ Commissioning.....
Project Management.....
Final
Connections.....

Is request on behalf of an individual customer owner or occupier?.....Y/N.
If Yes, provide customer details in section F

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.....
 Single or Multiple Premises?

Type of works (delete as required): New Supply/Alteration/Disconnection
Type of Development (delete as required): Domestic/Commercial/Industrial
Is this a Fuel Poor Extension ? Y/N

A) Proposed Load

What is the Max. instantaneous rate.....kW. Max Annual Consumption..... kWh
 Predicted mains pressure drop at peakmbarg
 Predicted service pressure drop at peakmbarg (where greater than 2 mbarg)
 Does the proposed load follow a normal space heating pattern?Y/N

B) Connection and/or Service Disconnection Details

Connection Point Location
 Parent Main Diameter & Material
 Offtake Diameter and Material
 Length and Diameter of Pipework.....
 Termination Point Easting:..... Northing:.....

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? Yes/No*

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

Any other details.....

Do you wish to complete the Final Connection? Y/N

Anticipated Connection Date:

Please enclose site plans with meter locations marked X.

Other

Information:.....

C) The following section is for Industrial / Commercial premises only

Type of Load (e.g. modulating, constant, process/on-off/CHP) : Will a compressor be fitted?
 Y/N
 For individual loads > 2,196,000 kWh please indicate if Northern Gas Networks is to take ownership of the system.
 Y/N
 Is the pressure at the inlet to supply meter installation required to be >20.7 mbar? Y/N. If Yes, specify
 Do you require works to be carried out outside normal working hours? Y/N
 Do you require meter housing to be supplied and installed by Northern Gas Networks?

 Do you require additional conditions or site rules and regulations? (applicable to this project only) Y/N
 If Yes, specify

 (Please note that the above three items may attract additional costs)

D) The following section is for Domestic premises only

Type: Private/Local Authority/Housing Association/Mixed
 Are there any non- domestic properties (specify):

 Are there any exceptional loads (e.g. swimming pools):

 Developer Details:

E) Please complete the remainder of the form for both Domestic and Industrial & Commercial properties

Properties to be connected and gas usage							Total
Property Type							
No. of premises							
Central Heating ? (domestic only) Y/N							
Estimated Annual Consumption (kWh)							
Peak Instantaneous Demand (kW)							

Property Type: For domestic loads, FL = Flat, TH = Terraced House, SD= Semi Detached House, DH = Detached House, BU = Bungalow, O = Other (specify)..... For non-domestic loads please indicate unit numbers.

Is the development or the load growth phased? Y/N
 If Yes, please provide details (including number of proposed connections and their associated load per year)

 (On multiple developments please indicate the number of connections required within the site on a suitable scale drawing).

Is growth beyond this site anticipated within the next 5 years? Y/N
 If Yes, please provide details (including number of proposed connections per year)

F) Service Alterations and Disconnections or a connection on behalf of owner or occupier only

Requester Name (ie. Gas Consumer/Supplier)
 Requester Company (if not Gas Consumer)
 Requester Address.....

 Post Code..... MPRN (where known)

Attach site plan indicating exact location of works and point of termination.

Signed Print Name Position