

TO APPLY TO MOVE THE POSITION OF YOUR GAS SUPPLY, COMPLETE THIS APPLICATION FORM AND POST TO:  
Northern Gas Networks, Connections, 1100 Century Way, Thorpe Park Business Park, Colton, Leeds LS15 8TU or email:  
gasconnections@northerngas.co.uk

## Altering the Position of your Gas Supply Application form

ALL SECTIONS OF THIS FORM NEED TO BE COMPLETED IN ORDER FOR US TO PROCESS YOUR APPLICATION. IF YOU NEED HELP FILLING OUT THIS FORM, PLEASE CALL A MEMBER OF THE TEAM ON 0800 040 7766, OPTION 2 BETWEEN THE HOURS OF 8AM-6PM, MONDAY TO FRIDAY.

Your details (This is the address where correspondence will be sent, if different from the site address)

Title: \_\_\_\_\_

Contact name: \_\_\_\_\_

Company name (if applicable): \_\_\_\_\_

House Name / Number: \_\_\_\_\_

Street Name: \_\_\_\_\_

Postal Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

### Keeping in touch

Please let us know how you would prefer to be contacted:

Telephone  Text

Email  Post

### Is there anyone else that we can speak to about this application?

i.e. partner / family member / carer / builder

Yes

No

If you said YES, please provide their details below:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary contact number: \_\_\_\_\_ Alternative contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**THE QUESTIONS BELOW ALLOW US TO CORRECTLY SET THE VAT FOR THE QUOTATION**

In what capacity are you acting?

Owner     Occupier     Landlord     Architect     Developer     Self-builder   
Consultant     Housing Association     Local Authority

**If the property is rented, do you have permission for the alteration to take place?**

Yes     No     Not applicable

**Are you a VAT registered company?**

Yes     No

**Site details (please use the address where you would like the alteration to be made)**

Name of site contact: \_\_\_\_\_

Company name (if applicable): \_\_\_\_\_

House Name / Number: \_\_\_\_\_

Street Name: \_\_\_\_\_

Postal Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**Keeping in touch**

Please let us know how you would prefer to be contacted:

Telephone     Email     Text     Post

**Billing**

**Is the correspondence address the same as the billing address?**

Yes     No

**If No, please supply the company billing name/address here:**

Contact name: \_\_\_\_\_

Company name (if applicable): \_\_\_\_\_

House Name / Number: \_\_\_\_\_

Street Name: \_\_\_\_\_

Postal Town: \_\_\_\_\_

## Meter location

Where is your meter located?

(Kitchen cupboard, under stairs, lounge, garage, outside, other – please specify): \_\_\_\_\_

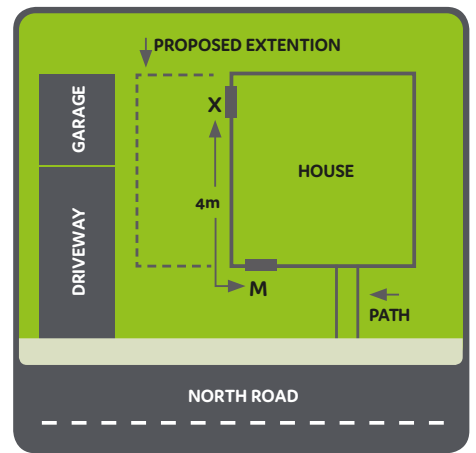
Please provide a sketch of your property. This must include:

- The road name
- Your current meter position (use an 'x' to show this)
- Your proposed meter position (use an 'm' to show this)
- The distance in metres between 'x' and 'm' – always round UP to the nearest metre
- Any important features like garages, porches, conservatories

Please add your sketch here:

Please note that the quote we will provide is based on this information. Please ensure that meter positions and measurements are accurate.

### Example sketch



## On-site excavations

Will you be doing your own digging?

Yes

No

## Reconnecting your meter

Please let us know what reconnection option you would like, following your alteration:

No reconnection

Partial reconnection

Full reconnection

## Scheduling the work

What is the earliest date we can start work on site? \_\_\_\_\_

What is the latest date that you need to be connected to the gas mains? \_\_\_\_\_

## Property type (This section gives us specific details regarding the property)

What is the type of property?

(Terrace, Semi-detached, Detached, Flat, Other – please state): \_\_\_\_\_

If your property is a Flat, please specify the floor level: \_\_\_\_\_

Is the building Grade Listed?

Yes  No

Is there anything else that might affect the way we carry out the work?

(Walls are thicker than normal/parking restrictions/conservation area/other – please specify): \_\_\_\_\_

---

---

## Meter and meter details

What sort of meter do you have?

(Credit meter/prepayment meter/no meter): \_\_\_\_\_

If your meter is outside, what type of box do you have?

(Surface-mounted, semi-concealed, built-in): \_\_\_\_\_

Are you able to access your ECV (Emergency Control Valve) to turn it off?

Yes  No

Will you require a new meter box?

Yes  No

If YES, please indicate which type (surface-mounted, semi-concealed, built-in): \_\_\_\_\_

Please note: we do not supply or install built-in meter boxes