

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 and produce an accurate quote

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

Do you want a budget or detailed cost?

Budget Detailed cost

Do you want NGN to include the cost for traffic management (should any be required)? (if not, you will be responsible for providing traffic management)?

Yes No

What is the maximum depth of your construction? _____

How much will surface levels change compared to current levels? _____

Will any construction methods involving vibrations be used (piling for example)? (if yes, give details) _____

Will any gas mains be crossed by unusually heavy plant? (if yes, give details) _____

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: _____

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): _____

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

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

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

