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| --- |
| **From GT to Northern Gas Networks:** |
| GT Ref Number |  | Date of Request |  |
| GT Name |  | For the attention of (refer to www.northerngasnetworks.co.uk) |  |
| Address(incl. postcode) |  | Northern Gas Networks Ref Number (if applicable) |  |
| GT Contact Name |  |
| GT Signature |  | GT Telephone Number |  |
| Job Title |  | GT Fax No. |  |
| **GT Site Information** |
| CSEP Name |  | Requested Connection Location | Easting |  |
| Site Name |  | Northing |  |
| Site Contact |  | Anticipated Connection Date |  |
| Street |  | CSEP Development Period (Years) |  |
| Town |  | CSEP Connection scaled location plan enclosed? |  |
| County |  | Is this the Initial Request? | Yes / No |
| Postcode |  | If No, existing Site Works Ref No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Load Details** | **EUC01B****(Domestic)** | **EUC\_\_\_\_\_ \*\*****(Non Domestic)** | **Max CSAQ****for all EUCs (kWh)** | **Max CSEP Offtake Rate (kWh/h)** |
|  |  | No. NDM Conns | CSAQ  (kWh) | SHQ (kW) | No. NDM Conns | CSAQ (kWh) | SHQ (kW) |
| **A** | Year 1 |  |  |  |  |  |  |  |  |
|  | Year 2 |  |  |  |  |  |  |  |  |
|  | Year 3 |  |  |  |  |  |  |  |  |
|  | Year 4 |  |  |  |  |  |  |  |  |
|  | Year 5 |  |  |  |  |  |  |  |  |
|  | Year 6 |  |  |  |  |  |  |  |  |
|  | Year 7 |  |  |  |  |  |  |  |  |
|  | Year 8 |  |  |  |  |  |  |  |  |
|  | Year 9 |  |  |  |  |  |  |  |  |
|  | Year 10 |  |  |  |  |  |  |  |  |
|  |  |

\*\* For each EUC, the category, number of connections and CSAQ offtake rate must be stated for each year.

For industrial/commercial premises indicate the following:

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

Will a compressor be fitted? : Y/N

Does your request fall within the parameters of the standard design pressure table in NGN/SP/NP/14/E? Yes/No

If Yes, do you want to use the standard pressure? Yes/No

Please note that if a Network Analysis service is needed this will be chargeable.

If both A and B loads, or only the A load falls within the parameters of the table a single charge will apply

|  |  |
| --- | --- |
| Any Site Anomalies, Additional Conditions, Site Rules or Regulations? |  |
| Any Construction Period Constraints? |  |
| Any Enhanced Facilities Required? |  |
| Further information may be provided on a separate sheet. Please indicate here if attached: |
| **Do you wish to complete the final connection ? Yes / No** |
| **FOR GT FINAL CONNECTIONS ONLY –** Please confirm company name for the following GIRS registration scopes:Design: ……………………………………………………………………. Construction/Commissioning/Connection (Routine): …………………………………………………………………….Construction/Commissioning/Connection (Non Routine): …………………………………………………………………….Project Management: …………………………………………………………………… |

**Will any sub-contractors be used in the construction/commissioning work? …………..Y/N**

If so, please provide names of all sub-contractor organisations and explain the work they will be undertaking

Name ………………………………………………………………….

Nature of Work …………………………………………………………………………………………………

 …………………………………………………………………………………………………

 …………………………………………………………………………………………………