|  |
| --- |
| **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 |  | Job Title |  |
|  |  GT Telephone Number |  |
|  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 |  |

*To be completed for GT self connections within the scope of Northern Gas Networks standard design pressure tables in NGN/SP/NP/14/E or GT self connections following confirmation of available pressure from Northern Gas Networks without reinforcement (ONLY) and in accordance with the relevant business rules as published by Northern Gas Networks from time to time.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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

|  |
| --- |
| Further information may be provided on a separate sheet. Please indicate here if attached:  |
| 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 ………………………………………………………………………

 ………………………………………………………………………

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| --- | --- |
| **Pressure Details** | Does this request include more than one ISEP Yes / NoNote: Where the site has more than one ISEP please complete a separate acceptance form for each, including the Northern Gas Networks and GT reference number for each form. |
| ISEP No. |  |
| ISEP Location |  |
| **Pressure** | Minimum GT Design Pressure (mbar) | A | B |  |
|  |  |  |
| Interim Minimum GT System Design Pressure (mbar) | A | B | Period when Interim Minimum GT System Design Pressure Ends |
|  |  |  |
| Network pressure regulating equipment is designed to deliver a maximum operating pressure of  |  | Pressure at this ISEP (mbar) |
| Type of pressure control |  |

|  |  |
| --- | --- |
| Connection Description |  |
| General Comments |  |
| Engineering Difficulties |  |
| Network Parent Main | Type |  |
| Description |  |
| Indicated Pressures (mbar)(Only completed where non-domestic premises) | Year 1 | Year 5 |
| A | B | A | B |
| Peak Hour Peak Day Pressure |  |  |  |  |
| Peak Hour Minimum Day Pressure |  |  |  |  |
| Minimum Hour Peak Day Pressure |  |  |  |  |
| Minimum Hour Minimum Day Pressure |  |  |  |  |

When designed using standard design tables in NGN/SP/NP/14/E only load, length, connection size, mains system extremity pressure and plan showing proposed connection point are required for design submission purposes.

Use of the design tables indicates that there is a post-Acceptance review required. Yes / No

I confirm on behalf of …………………………………… ( the “Customer”) that the proposed connection at the above site will operate with a pressure of ………….. (mbar), and I confirm that ……………………………. will be undertaking the Final Connection works subject to the terms and conditions of the IGT Final Connections Agreement entered into between Northern Gas Networks and the Customer. In addition, I acknowledge that the carrying out of the proposed Connection will be subject to;

i) the submission to and approval by Northern Gas Networks of a full final connection design submission, including the pressure drop utilised on mains extensions from connection point to extremity

ii) the issue by Northern Gas Networks of an Authorisation,

iii) the provision of a works commencement date within 180 days of acceptance,

iv) the submission to and approval by Northern Gas Networks of a Routine or Non Routine Procedure (if applicable) under Northern Gas Networks Safe Control of Operations procedures,

v) the submission of a Completion File within D+5 of the final connection,

vi) the terms and conditions of the General Conditions of Contract for Site Engineering Works for Connected Offtake Systems.

vii) any express variations or amendments in the Authorisation (as the case may be).

(NGN Contract details can be found at www.northerngasnetworks.co.uk)

Connection works on site are anticipated to be completed on................................

Site Contact: ..................................................................

Signed ………………………………. Print Name ……………………………… Position ……………………………………