

PSE&G Residential Gas Load Data Inquiry Form

RESIDENTIAL GAS LOAD DATA INQUIRY

North Fax # 908.497.1762 & 908.497.0107 (Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Union)
 South Fax # 609.324.1065 (Burlington, Camden, Mercer, Monmouth, Ocean)

IMPORTANT: PLEASE PRINT CLEARLY -- INCOMPLETE FORMS WILL CAUSE DELAYS

CONSTRUCTION TYPE: Please Circle One *NEW* or *EXISTING*

FOUNDATION UP? *YES* or *NO*
 HOME FRAMED? *YES* or *NO*

Service Address: _____ City: _____ Zip: _____

Information for PSE&G Account:

Billing Name: _____ PH#: _____

Billing/Mailing Address: _____

Will This Information Be Used For Billable Construction Costs (Permits, Job Costs)? *YES* or *NO*

Contact Information- Required: Please Circle Contact Name & Number Responsible For Site Visit.

Owner: _____ Phone # _____ Cell # _____

G/C: _____

Plumber: _____

Project Information- Required:

Square Footage (Sq. Ft.) of Bldg: _____ Nearest Cross Street: _____

Of *NEW* Gas Meter(s) To Be Installed: _____ Total # of Gas Meters On Premises Will Be: _____

IF Not 1-Family *NEW* Gas Meter(s) Will Be Known As (Example: FL1, APT 3, BASE, etc.): _____

Duplex: *YES* or *NO* Multi Family: *YES* or *NO* Owner/Landlord/House Meter: *YES* or *NO*

Load Data

<u>Appliance</u>	<u>Required</u>		<u>(M=1,000)</u>		<u>Total MBTU</u>
	<u>Quantity</u>	<u>NEW MBTU</u>	<u>Quantity</u>	<u>EXISTING MBTU</u>	
Heating	_____	_____	_____	_____	_____
Water Heater	_____	_____	_____	_____	_____
Tankless Water Heater*	_____	_____	_____	_____	_____
Cooking	_____	_____	_____	_____	_____
Dryer	_____	_____	_____	_____	_____
Fireplace	_____	_____	_____	_____	_____
Grill	_____	_____	_____	_____	_____
Pool Heating	_____	_____	_____	_____	_____
Generator*	_____	_____	_____	_____	_____

*Required: Generator/Tankless Water Heater WC Pressure: _____ Must include Spec sheets showing Pressure and BTUs

TOTAL of New & Existing Gas Load Will Be _____

IF EXISTING, ARE YOU SPLITTING SERVICE? *YES* or *NO* RELOCATE SERVICE? *YES* or *NO*

REQUIRED: Customer's or Authorized Representative's Signature: _____

Email Address: _____ FAX #: _____

Remarks: _____

(Feel free to add a page if you'd like to give us more information)