



## **GAS SERVICE INFORMATION REQUEST INSTRUCTIONS**

To begin the process of adding natural gas to your project, please read the instructions below before completing the Gas Service Request Form on pages 3-4.

The details below outline the information needed by service category (Residential/Homeowner, Multifamily, Commercial and Builder).

All service categories must complete sections 1 - 10 in its entirety.

- Section 1. Individual or Company Requesting Information
- Section 2. Project Details
- Section 3. Project Type
- Section 4. Meter Location
- Section 5. Service Category (Provide all the necessary information based on your project type)
- Section 6. Equipment Information
- Section 7. Type of Gas Service Requested
- Section 8. Gas Pressure Requested at Meter Outlet
- Section 9. Contact Information
- Section 10. Details

### **IMPORTANT INFORMATION**

**For all multifamily and new construction subdivision projects and commercial projects with a load  $\leq 1,700$  CFH, the following information is required:**

- Civil Site Plan or Property Plat showing the desired meter location
- Electronic Site Plans: Civil Site Plan in Auto-CAD (file format) for New Construction (architectural and engineering plan showing building footprint, named travel ways, proposed gas lines and meter locations, drainage facilities sanitary sewer lines, water lines, lighting and landscaping).
- Auto-CAD plan view drawing if meter location is inside.
- Meter Location Requirements: Meters must be located at least 1 foot from operational windows or doors and any sources of ignition, e.g. air conditioning compressor, generator, etc.

**For residential/homeowners and commercial jobs with a load > 1,700 CFH, the following information is required:**

- **Electronic Building Plan View:** The top view of each building level in Auto-CAD showing the proposed location of gas building entry point, regulator/meter location and above grade regulator vent route to exterior location of the building.
- **Meter Location Requirements:** Meters must be located at least 1 foot from operational windows or doors and any sources of ignition, e.g. air conditioning compressor, generator, etc.
- **Gas Riser Diagram:** A vertical plan view showing all gas piping, regulator location(s), gas meter location(s), gas appliance location(s) and gas appliance ratings.
- **Proposed address list for individual units or lot list**
- **Recorded Plat, Deed Information (deed book and page):** These items are needed for preparation of easement documents.
- **Gas Pressure Requirements:** This includes the gas pressure requirements

**Important: Submission of all documents, completion of design in our work management system and a financial evaluation of the project are required before we can generate a Contribution Quote/ Customer Agreement. Once the Customer Agreement is signed by the customer and any required contribution is paid, the project will be approved, and the permit process will begin. Permit process and timeframe will vary by jurisdiction.**

### 1. Individual or Company Requesting Information

Company:		Fax No.:
Contact Person:		Phone No.:
Address:		Email:
City:	State:	Zip Code:

### 2. Project Details

Project Name:		
Address:		Closest Intersection:
City:	State:	Zip Code:

### 3. Project Type

Existing Property     New Construction     If existing customer, please give Washington Gas Account #

### 4. Meter Location\*

\*(Please Note: Washington Gas Operating Procedures require that preferred meter locations are along the exterior of the building wall).

Interior                       Exterior

### 5. Service Category

Please provide as much of the following information as is available when filling out this request.

*Residential/Homeowner:*

Single Family                       Townhouse

*Builders:*

Number of Units: Single-Family: \_\_\_\_\_ Townhouse Homes: \_\_\_\_\_

Unit Build-Out Schedule: (year/# of units) 20\_\_\_\_/\_\_\_\_; 20\_\_\_\_/\_\_\_\_; 20\_\_\_\_/\_\_\_\_; 20\_\_\_\_/\_\_\_\_

*Multifamily:*

Garden /Two-over-Two     High Rise     Condominiums     Apartments

Total number of units: \_\_\_\_\_

*Commercial:*

Office Building     Dry Cleaner     Industrial Processing     Restaurant     Food Store  
 Motels/Hotels     Religious Building     Warehouse     Light Industry     School  
 Medical Building     Retail     Other \_\_\_\_\_

(A separate Gas Service Information Request Form will be necessary for each type of home in the community (single family or townhouse) and each multifamily building)

### 6. Equipment Information

For all projects: List proposed equipment by type and BTUH input rating.

For Commercial and Multifamily Projects: List boiler redundancy and efficiency. List make-up air units by BTUH input rating and CFM supplied. List existing equipment that will continue to be utilized in the left columns. List new/added equipment in the right columns. List absorption air conditioning by BTUH input and tonnage supplied.

Qty:	Existing Equipment Description	Individual BTUH Input Rating	Qty:	New Equipment Description	Individual BTUH Input Rating
Total BTUH Input (All Equipment–New and Existing):			Total BTUH		

**Add Additional Equipment [Here:](#)**

<p><b>7. Type of Gas Service Requested</b></p> <p><input type="checkbox"/> Firm      <input type="checkbox"/> Interruptible alternate fuel _____</p> <p>(Please contact Washington Gas for interruptible service requirements)</p>	<p><b>8. Gas Delivery Pressure</b></p> <p><input type="checkbox"/> 4.5” W.C. – Low pressure</p> <p><input type="checkbox"/> 7” W.C. – Standard pressure</p> <p><input type="checkbox"/> 2 PSIG – Medium/High pressure</p> <p><input type="checkbox"/> Other _____ PSIG</p>
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<b>9. Contact Information</b>			
Local Contact: <input type="text"/>	Phone No.: <input type="text"/>	General Contractor: <input type="text"/>	Phone No.: <input type="text"/>
Architect: <input type="text"/>	Phone No.: <input type="text"/>	Developer: <input type="text"/>	Phone No.: <input type="text"/>
Engineer: <input type="text"/>	Phone No.: <input type="text"/>	Owner: <input type="text"/>	Phone No.: <input type="text"/>

**10. Details**

Today’s Date:

Construction Start Date:

Date Gas Piping Installation Required:

First name

Last name

Title

Signature:

E-mail address:

**Please provide the contact information of the party that is authorized to sign the Washington Gas Contract Agreement and render payment (if required).**

Name:

Title:

Company:

Address:

Email:

**Send Request to:**

Washington Gas Telesales Department  
6801 Industrial Road, 4th Floor  
Springfield, VA 22151  
Phone: 703-941-HEAT (4328)  
Fax: 703-750-7691  
Email: 941sales@washgas.com

**A SIGNATURE IS REQUIRED.**