



- * This form must be filled out completely in order to avoid delays in providing service
- * Be sure to indicate **connected** load information in KW for electric requests and BTU for gas requests
- * Complete the Smart Growth acknowledgement form available from www.pseg.com/customer/business/new_service/before.jsp and return it with the load data sheet (**REQUIRED**)
- * Please return the data sheet as indicated below based on the county in which the project is located:
 - *Projects in Essex, Passaic, Bergen, Hudson, Middlesex, Union, Somerset or Hunterdon**
 - *Fax the data sheet to Construction Inquiry at (908) 497-1762 or (908) 497-1878 and mail site plans to P.O. Box 1023, Cranford, NJ 07016 Attn: Construction Inquiry
 - *Projects in Mercer, Burlington, Camden or Ocean**
 - *Fax the data sheet to Construction Inquiry at (609) 324-1065 and mail site plans to 410 Route 130 South, Bordentown, NJ 08505 Attn: Construction Inquiry
- *Utility site plans to scale are required for any property where there is no foundation present; please mail site plans to the appropriate address above**
- * We require one set of site plans for electric and one set for gas**



RESIDENTIAL GAS LOAD DATA INQUIRY

NORTH FAX # 908.497.1762 & 908.497.0107 SOUTH FAX # 609.324.1065

IMPORTANT: PLEASE PRINT CLEARLY -- INCOMPLETE INFORMATION WILL RESULT IN DELAYS IN PROCESSING YOUR APPLICATION

CONSTRUCTION TYPE: Please circle one **NEW** or **EXISTING**

HOUSING FRAMED: **YES** or **NO**

FOUNDATION UP: **YES** or **NO**

SERVICE ADDRESS: _____ TOWN: _____ ZIP: _____

Information for PSE&G Account

Billing Name: _____ PH#: _____

Mailing Address: _____

Will this information be used for billable construction costs(permits, job costs) ? **YES** or **NO**

Contact Information Required: Please circle contact name responsible for site visit.

	<u>Phone #</u>	<u>Cell #</u>
Owner: _____	_____	_____
G/C: _____	_____	_____
Plumber: _____	_____	_____

Project Information

Building Completion Date: _____

REQUIRED: Square Footage of Bldg: _____ Nearest Cross Street: _____

of **NEW** gas meter(s) to be installed: _____ : Total # of gas meters on premise will be: _____

NEW gas meter(s) will be known as: _____ (EX: FL1-UNIT A-BASE)

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

Request higher than normal gas pressure: **YES** or **NO** Requested pressure: _____ (1/4 psig std)

NEW LOAD DATA

<u>Appliance</u>	<u>Quantity</u>	<u>Appliance (MBTU)</u>	<u>Total MBTU</u>
Heating	_____	_____	_____
Water Heating	_____	_____	_____
Cooking	_____	_____	_____
Dryer	_____	_____	_____
Fireplace	_____	_____	_____
Grill	_____	_____	_____
Pool Heating	_____	_____	_____
Other	_____	_____	_____

If there is existing gas service , please list **TOTAL** connected load _____ (MBTU)

ADDITIONAL GAS APPLIANCE(s) ? YES or **NO** If **YES**, please list **NEW LOAD DATA** above.

SPLITTING SERVICE ? **YES** or **NO** RELOCATE SERVICE ? **YES** or **NO**

Remarks:

REQUIRED: Customer or authorized representative signature _____

Email Address: _____ FAX# : _____