



## Non-Residential Application for Natural Gas Service and Meter(s)

*For Office Use Only*

ACCT # _____	APP # _____	CAP # _____
Service line footage _____	Project I.D. _____	
Meter size required _____	Line size required _____	

### Applicant Information

Name:  Email:

Mailing Address:  Primary Phone: (  )

City:  State:  Zip:  Other Phone: (  )

### Site Information

Address:  State:

County:  Zip:

City:  Township:

Nearest Cross Street:  Lot Number:

Square Footage of Building:  New Building:  Existing Building:

Contractor/Name:

Primary Phone: (  )  Email:

Before service can be installed, the site must be READY, which means: the foundation is in and backfilled within 3 inches of final grade, and there are no dirt piles, construction materials, etc. in the path of the service line.

Current Construction Stage:  Not Started  Excavating  Footings  
(If applicable)  Framed  Finished  Date Ready \_\_\_\_\_

### Natural Gas Service Requirements

**Complete the Application and Load Data Form, including signatures or the application will not be processed**

Number of meters required:  Total connected input BTU load:

**Pressure required:**

7" w.c. \_\_\_\_\_ 2# \_\_\_\_\_ 5# \_\_\_\_\_ 10# \_\_\_\_\_ 15# \_\_\_\_\_ 20# \_\_\_\_\_

Pressure requests greater than 7" w.c. will be charged a \$300 initial fee and an annual inspection fee as specified in SEMCO ENERGY's MPSC approved tariff. (Currently the annual inspection fee is \$100.)

For any underground facilities or obstacles on your property, check the appropriate box(es) and mark them on your site plan.

Well  Sewer Lateral  Septic  Underground Tank/Fuel Lines  Sprinkler System  
 Drain Tiles/Downspouts  Underground Electric  Other (Describe)

**Important Notes  
Read Carefully Before Signing**

In order to schedule your gas service to be installed, a **completed application and load data form** must be received in our offices with your **payment**.

Please provide SEMCO ENERGY Gas Company with a site plan/drawing indicating the exact location you would like the meter to be installed on your facility. For example: My meter location is "X" feet away from this corner of the building. Meters must be located at least three feet from any source of ignition and away from any opening into the building. If you cannot provide this information or have questions, please contact your SEMCO ENERGY key account executive for assistance.

SEMCO ENERGY Gas Company will make restorations for work performed in the right of way. Final restoration of private property is the responsibility of the property owner.

Seasonal charges of \$6.00 per foot will be charged for services installed from December 15th to March 15th unless a paid application has been received by November 1st and the job site is ready for construction (backfilled and framed) by November 15th. (These dates may not apply to Michigan's Upper Peninsula).

It is your responsibility to have your septic field, sewer line, underground wiring, sprinkler lines, sump pump line, drain tiles, or any other private facilities accurately staked or exposed where our gas service line will intersect.

SEMCO ENERGY Gas Company and its contractor will not be liable for damages to your facilities that are not accurately marked or exposed.

SEMCO ENERGY Gas Company will call Miss Dig before construction begins to mark public utilities and will also flag the route of your gas line. **After the line has been installed you can call 800-860-4277 Ext. \_\_\_\_\_ to have your meter(s) installed. Please retain copies of your application for future reference.**

**Authorization**

I certify that I own or am the authorized representative of the person(s) who owns the property indicated in this application. I certify the information provided is accurate and will promptly inform SEMCO ENERGY Gas Company of any plan revisions. If installation requirements differ from what is submitted on this application, I understand these changes may result in an increased cost to me. **All fields below need to be completed before this application will be processed. Please make checks payable to SEMCO ENERGY Gas Company, or call 800-860-4277 Ext. \_\_\_\_\_ for a credit card payment.**

**Printed Name:**

**Signature:** \_\_\_\_\_ **Date:**

**Taxpayer ID # or Social Security Number:**

**Please pay:** \$ \_\_\_\_\_ There may be additional charges for boring, easements, etc.

This application will not be processed if this amount is not paid. You will be billed for any additional charges after the installation of your service.

For contact or additional information please use our website at [www.semcoenergygas.com](http://www.semcoenergygas.com)  
**We value you as a customer and look forward to working with you.**

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ACCT # \_\_\_\_\_ APP # \_\_\_\_\_ CAP # \_\_\_\_\_ PROJECT I.D. \_\_\_\_\_

Customer Name \_\_\_\_\_

Service Address \_\_\_\_\_

**Customer Information**

Customer:  Contact:

Service Address:  Office Phone: (  )

City:  State:  Zip:  Cell Phone: (  )

Account #:  LDC/Div:  Email:   
(if established) (Semco Use)

**Equipment Detail**

Equipment Description	BTU/Hr or CFH	Equipment Description	BTU/Hr or CFH
<small>Note: For accurate measurement purposes, please indicate what equipment will/will not be operating at the same time. Misrepresentation may result in additional meter changeout charges.</small>			BTU/Hr or CFH

**Customer/Representative acknowledges that SEMCO ENERGY Gas Company will provide a Delivery Pressure of 7" w.c. at the outlet of SEMCO's equipment, unless Elevated Delivery Pressure is requested.** Customer/Representative agrees that customer's fuel system shall have been properly pressure tested and designed in accordance with all applicable codes and standards prior to SEMCO establishing service. Pressure requests greater than 7" w.c. will be charged a \$300 initial fee and an annual inspection fee as specified in SEMCO ENERGY's MPSC approved tariff. (Currently the annual inspection fee is \$100.) If pressure greater than 7" w.c. is requested it is the customer's responsibility to regulate to the Design Pressure of the equipment installed.

**Delivery Pressure Required:**

7" w.c. \_\_\_\_\_ 2# \_\_\_\_\_ 5# \_\_\_\_\_ 10# \_\_\_\_\_ 15# \_\_\_\_\_ 20# \_\_\_\_\_

No other pressures are acceptable unless authorized by a SEMCO executive.

Customer/Representative Name:   
(please print)

Customer/Representative Signature: \_\_\_\_\_ Date:

Marketing Representative Signature: \_\_\_\_\_ Date:

Remarks:

*Internal Company Use Only:*

Load Information			General Information	
Maximum Hourly Flow	<input type="text"/>	CFH	Delivery Pressure	<input type="text"/> " w.c./psig
Normal Hourly Flow	<input type="text"/>	CFH	Dual Fuel Used	<input type="radio"/> Yes <input type="radio"/> No
Continuous Min. Hourly Flow	<input type="text"/>	CFH	Pilot Gas Meter Required	<input type="radio"/> Yes <input type="radio"/> No
Winter Load (Normal Hourly)	<input type="text"/>	CFH	Bypass Required	<input type="radio"/> Yes <input type="radio"/> No
Summer Load (Normal Hourly)	<input type="text"/>	CFH	Seasonal Load Variance	<input type="radio"/> Yes <input type="radio"/> No