

PLEASE NOTE!

Your application for gas service cannot be processed without a copy of the utility page of your site plan that clearly shows your desired meter location.

***APPLICATION FOR SERVICE should be submitted when foundation work has started.**

Return completed application package via email to: rdaley@sjindustries.com

or if necessary mail to:
South Jersey Gas
Attn: Ashley Mitryk for Raymond Daley
142 S Main Street
Glassboro, NJ 08028

Cell Phone: 609.204.2517

Email: Rdaley@sjindustries.com



APPLICATION FOR SERVICE

COMMERCIAL/INDUSTRIAL

Sales # _____

Service Order # _____

Construction Order # _____

Building Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building		Requesting: <input type="checkbox"/> New Service and Meter <input type="checkbox"/> Meter Installation Only <input type="checkbox"/> Meter Turn-on Only	
Service Address:		Mailing Address:	
Name:		Name:	
Company:		Company:	
Street:		Street:	
City:		City:	
State: NJ	Zip:	Lot #:	Block #:
State:		Zip:	
Phone:	Cell:	Phone:	Cell:
Year Structure Built:		E-mail:	

(Please Print or Type)

Fed ID# _____ DUNS# _____

_____ (Name/Company), hereinafter referred to as CUSTOMER, applies to South Jersey Gas, hereinafter referred to as COMPANY, for natural gas service to be installed to the property identified under SERVICE ADDRESS listed above and hereinafter referred to as ADDRESS.

Upon receipt of this application, the COMPANY will begin the process of determining availability of service.

- Approval of natural gas service will be determined by the COMPANY at the discretion of the COMPANY.
- If the COMPANY determines distribution mains and/or services need to be extended or reinforced, APPROVAL OF THE APPLICATION will further depend upon the COMPANY'S decision to extend or reinforce such main and/or service. A contribution may be required for the extension of main and/or service.

The CUSTOMER hereby applies for natural gas service for the equipment indicated below, and further agrees such equipment will be installed at the ADDRESS (at CUSTOMER expense) prior to meter installation if service is approved.

Gas Space Heater # _____	Gas Drying # _____	Food Preparation # _____
Gas Water Heater # _____	Gas Pool Heater # _____	Process Applications # _____
Space Cooling # _____	Cogeneration # _____	
(# = total number appliance applied for.) Other (Describe) _____		

As part of this application, the CUSTOMER will provide the COMPANY with a signed, itemized contract indicating the cost of the above equipment and its installation.

IF NATURAL GAS SERVICE IS APPROVED, the CUSTOMER: (By initialing, CUSTOMER acknowledges and agrees to each condition listed)

- ___ • Must accurately mark out any underground lines that have been privately run. These shall include but not be limited to water, electric, sewer, septic, invisible pet fences, fiber optics and telephone lines, all lines to outbuildings and sprinkler systems.
- ___ • Agrees that SJG and/or its subcontractors will not be responsible for any damages that may occur to underground lines or systems that are not accurately marked out by the CUSTOMER.
- ___ • Agrees to install all equipment applied for above according to prevailing codes and manufacturers' installation instructions.
- ___ • May be required to provide a security deposit equal to two months of average estimated billing at the applicable rate, but not less than \$25.00.
- ___ • May be required to contribute toward the construction cost of service and main.
- ___ • Will be billed a \$45.00 activation charge for each meter activated.

Applicant agrees to connect natural gas equipment within 90 days of meter installation. If the applicant does not, the COMPANY reserves the right to bill said applicant for the total cost of installation.

IF NATURAL GAS SERVICE IS APPROVED, the COMPANY will install meter(s) at the ADDRESS only after above equipment applied for by CUSTOMER is installed at the ADDRESS according to prevailing codes, manufacturer's installation instructions and subject to COMPANY inspection as agreed to by the CUSTOMER.

This application is neither an agreement to provide gas on the part of the COMPANY nor is it an agreement for the CUSTOMER to install equipment. SJG must apply for and obtain all street opening approvals from the appropriate state, city, township or municipal entity before gas service can be approved. Should SJG receive such approval to install gas service lines, SJG will notify the CUSTOMER, either verbally or in writing, at which time the CUSTOMER may then proceed with installation of equipment (upon obtaining whatever permits may be required). The CUSTOMER is responsible for all permits as required by State law or local ordinance related to the installation of equipment.

CUSTOMER is advised NOT to install natural gas appliances/equipment until approval is confirmed as outlined above.

Agreement to provide gas service is subject to the terms and conditions of the COMPANY tariff and any charges therein approved by the New Jersey Board of Public Utilities.

CUSTOMER: (OWNER/BUILDER)**SOUTH JERSEY GAS:**BY: _____
(signature)_____
(signature)_____
(print or type)_____
(print or type)

DATE: _____

DATE: _____

Thank you for your interest in natural gas. We look forward to serving you!

The following is a description of the steps necessary to facilitate natural gas service to your business should your application be approved.

1. Complete the Application for Service and Commercial Information & Commercial Equipment Requirements forms. Return them to South Jersey Gas. Keep the customer copy for your records.
2. For New Construction Only - Provide 2 copies of the site utility plan with your application.
3. Provide a copy of your mechanical or plumbing plan and a detailed list of your equipment, pressure requirements and projected gas loads.
4. Once your signed Application for Service is received, we will complete an onsite inspection and apply for any approvals and/or permits to run the main and/or service. Please be advised, the State/County/Municipality may deny a street opening permit. Do not install any equipment until you receive notice that your application was approved.
5. Clearly mark the exact meter location with a stake marked "Gas Meter" and check your site for any obstructions to service installation. Obstructions must be cleared or service installation will be delayed. Site must be at final grade.
6. Clearly mark out all underground obstacles and/or lines that have been privately installed.
7. When all items above are complete, South Jersey Gas will install your service line.
8. Upon completion of service installation, you will need to schedule the gas meter installation. Please contact the South Jersey Gas Meter Installation/Builders Line at 609.561.9027 to schedule your gas meter installation within 90 days. Allow five to ten working days for installation. All equipment requiring natural gas and the associated fuel lines must be inspected and approved by the municipality. Approved City Inspection stickers/tags must be available at the property. Be prepared to review all gas equipment, pressure requirements and loads.
9. Call BEFORE you dig! IT'S THE LAW! - **811 or 1.800.272.1000**
10. Emergency 24 Hour Gas Leak Hotline - **1.800.582.7060**

We will be pleased to answer any questions you may have to assist you with this process.

Representatives are available by calling

1.800.822.9276

8:00 am - 4:30 pm • Monday through Friday

Mailing Address

South Jersey Gas

Attention: Sales

1 South Jersey Place

Atlantic City, NJ 08401



COMMERCIAL GAS APPLICATION CHECKLIST

1. SJG APPLICATION FOR GAS SERVICE

Return the completed form.

2. COMMERCIAL INFORMATION FORM

3. COMMERCIAL EQUIPMENT REQUIREMENTS FORM

Signed & Dated

4. SITE PLAN (New Construction Only)

Utility page of your site plan showing your preferred meter location.

*Include a construction schedule if one is available.

STATUS OF CONSTRUCTION (Circle **one**)

Nothing Done

Site Clearing

Foundation

Framed

Under Roof

DATE WHEN GAS IS REQUIRED _____

Please Note:

**All Information Must Be Completely Filled Out To Avoid A
Delay In Processing Your Application.**



Commercial Equipment Requirements

*******Complete one sheet for each gas meter requested*******

Business Name: _____
 Service Address: _____

Suite/Unit: _____ of _____

INSTRUCTIONS

- Please be accurate as installed equipment determines correct service and meter size.
- When requesting meter installation, installed equipment must be verified
- A new form will be required if gas load changes
- This form must be signed below for application to be processed
- Please specify pressure required (circle one) 6" W.C. 2 PSI 5 PSI
- Requests for pressure exceeding 6" W.C. require manufactures documentation showing need

Quantity	Equipment Type (Furnace, boiler, RTU, water heater, generator, cooking equip)	BTU Input/Unit	Total BTUs

Please attach additional sheets as needed

_____ Customer or Customer Agent Signature

_____ Print name

_____ Title



Commercial Information

Service Name: _____

Trading As: _____

Service Address: _____

Billing Address: _____

Business Phone: _____ Cell: _____ Email: _____

Business Type: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Corporation or Partnership Registered In (State): _____

Federal Tax I.D. _____ Tax Exempt: _____ Tax Exempt Expiration Date _____

Type of Business: _____ Square Feet in Building: _____

Date Service Required: _____ Date Meter Required: _____

Billing Contact Person:

Name _____ Title _____

Phone _____ Home Address: _____

Names of Officers/Partners/Owner

Name _____ Title _____

Phone _____ Home Address: _____

Driver's License No. & State: _____

Attorney's Name: _____

Address: _____ Phone # _____

Customer Owns or Rents Building/Unit (circle one): Owns Rents

Building Owner Information if customer rents:

Name: _____ Address: _____

Telephone #: _____

For SJG Use Only:

To CCC – Attention Builder's Reps

From : Sales Representative: _____

Employee#: _____

Date Received by Sales: _____

SJG Account Number: _____

Date Submitted to CCC: _____

Security Deposit Amount: _____