

## CITY OF MEDICINE HAT GAS UTILITY APPLICATION FOR GAS SERVICE

Please note that Gas Utility Construction cannot commence until this application has been completed, signed and returned to the Gas Utility Office.

Date: \_\_\_\_\_

Please complete the following information and return to:

**FOR RESIDENTIAL SERVICING:**

City of Medicine Hat – Gas Utility  
364 Kipling Street SE  
Medicine Hat, AB. T1A 1Y4  
Phone: (403) 529-8294  
Fax: (403) 502-8059  
Attention: Plant Services Office  
e-mail: [gas\\_service@medicinehat.ca](mailto:gas_service@medicinehat.ca)

**FOR COMMERCIAL/INDUSTRIAL SERVICING:**

City of Medicine Hat – Gas Utility  
364 Kipling Street SE  
Medicine Hat, AB. T1A 1Y4  
Phone: (403) 525-8807  
Fax: (403) 502-8751  
Attention: Distribution Engineering Office  
e-mail: [gas\\_service@medicinehat.ca](mailto:gas_service@medicinehat.ca)

Property Location: \_\_\_\_\_

Date Ready for Service: \_\_\_\_\_

**Type of Service:**

Residential   
Commercial   
Other

**Service Required:**

New   
Replacement   
Alteration

**Area:**

Medicine Hat   
Redcliff   
Rural

Gas Utility invoice will be sent to the Applicant named below unless other billing information is provided under INVOICE BILLING INFORMATION on page 3.

**Applicant Information:**

Company: _____	Phone: _____
Contact Name: _____	Cell: _____
Address: _____	Fax: _____
City: _____	Postal Code: _____
Province: _____	

**Gas Load Information:**

This information will be used to size the gas service line and the metering equipment. Total connected load is used to size the measurement equipment, if the load goes above the applied load a new application must be submitted by the customer according to the Gas Bylaw.

**New Load (First Time Customer)**

Heating Load	_____	BTU/H
Make Up Air Load	_____	BTU/H
Hot Water Tank	_____	BTU/H
Instantaneous	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other: (eg. Fire place)	_____	BTU/H
<b>TOTAL LOAD</b>	_____	<b>BTU/H</b>

Default Delivery Pressure is 1.7kPa (4 oz)

Delivery pressure greater than 1.7kPa is available subject to Gas Utility pre-approval. Contact the City of Medicine Hat Gas Utility for details.

**Upgraded Load (Customer Increased Existing Load)**

Existing Load	_____	BTU/H
<u>Additional Load</u>	_____	
Heating Load	_____	BTU/H
Make Up Air Load	_____	
Other: (eg. Fireplace)	_____	BTU/H
<b>Total Additional Load</b>	_____	<b>BTU/H</b>
<b>TOTAL LOAD</b>	_____	<b>BTU/H</b>

**Costs**

*An additional charge will be levied when the service area is in conflict with fibre-optic cables.*

Do you agree to frost charges where applicable? Yes  No

The property owner is responsible for obtaining their own plumber for secondary work and reconnection. Yes  No

If clearances cannot be obtained in accordance to the B149 code, do you agree to the additional costs for a specialty gas regulator? (Option available for residential services only). Yes  No

A cost estimate for residential alterations/replacements will be provided prior to commencing construction.

**FOR COMMERCIAL/INDUSTRIAL INSTALLATION ONLY**

Do you wish to be invoiced at a fixed or actual cost? Fixed  Actual

*(Fixed cost invoices pay the estimated costs prior to the construction. Actual cost invoices pay a deposit prior to the construction and are invoiced the remainder of the costs after construction is completed.)*

All commercial/industrial applications will receive a cost estimate once the application has been processed.

**Site Precautions**

Are there any underground secondary facilities on site?

Yes  List them: \_\_\_\_\_  
No

**Required Details For Site Plan**

Note: Gas meter location must be approved by the Gas Utility.

1. Residential Customer will:
  - a) Show lot lines and building corners relative to the property corners;
  - b) Provide measurements from the building corner to the proposed location of the gas service, regulator and meter;
  - c) Show street and lane orientation.
2. If the proposed dwelling is a multi-suite complex and individual metering has been approved by the Gas Utility then numbering and addressing of the suites is required.
3. Complete site and mechanical drawings are required for all commercial/industrial applications.

COMMENTS: \_\_\_\_\_

Site Plan (or attach site plan) Customer Use

N ↑

**INVOICE/BILLING INFORMATION IF DIFFERENT THEN APPLICANT INFORMATION ON PAGE 1**

<b>Company:</b>	_____	<b>Phone:</b>	_____
<b>Contact Name:</b>	_____	<b>Cell:</b>	_____
<b>Address:</b>	_____	<b>Fax:</b>	_____
<b>City:</b>	_____	<b>Province:</b>	_____
		<b>Postal Code:</b>	_____

The applicant acknowledges that the meter location agreed to with the Gas Utility meets all codes and regulations under the Alberta Energy Utilities Board and applicable bylaws (including Gas Utility Bylaw #2489). Any future relocation/removal of this service lateral or the meter set will be charged to the applicant.

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

*For Gas Utility Office Use Only*

**Signature Receipt Application:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Engineering Superintendent**

**Load Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Customer Service Superintendent**

**Excess Pressure Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Forward to Construction:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Estimate**

**Estimate Installation Charges:** \_\_\_\_\_

**Frost Charges:** \_\_\_\_\_

**Hydro-Vac Charges:** \_\_\_\_\_

**Zero Clearance Regulator Charges:** \_\_\_\_\_

**Total Actual Charges:** \_\_\_\_\_ + GST

**Signature Costs Transmitted to Customer:** \_\_\_\_\_ **Date:** \_\_\_\_\_