

This application is for two (2) or more dwelling units within a single structure, ex. duplexes, triplexes, four-plexes and apartment/condo complexes. This may include one or more structures. A site plan must be submitted with the form in order to be processed.

\*Fields identified with an \* are required for submittal of the application.

PROPERTY/BUILDING OWNER INFORMATION				
*Property Owner Name		*Phone	Email	
PROJECT INFORMATION				
Project Name			Building Permit Number (If Available)	
*Project Address (Parcel Number if Address is not Assigned)		*City	*Zip Code	
*Contractor Name		*Contractor Phone		
*Project Point of Contact	Project Role	*Phone	Email	
BILLING INFORMATION				
*Party Responsible for On-Going Electric Service Usage Charges Upon Completion of Project Construction:			Building Owner	Contractor
*Party Responsible for Project Construction Charges		Contact Name	Project Role	
*Construction Charges Billing Address		*City	*State	*Zip Code
*Construction Charges Contact Phone		Construction Charges Contact Email		
RESIDENTIAL UNITS SERVICE INFORMATION				
Avg. Sq. Footage of Units		Is This Zero Lot Line Construction?		
		Yes		No
APPLIANCES				
Please indicate the standard proposed natural gas usage per home/unit				
Heating	Water Heating	On Demand Water Heating	Cooking	
Fireplace - Heat Rated	Fireplace - Decorative	Clothes Dryer	Other:	
Please Complete the Information Below For Each Residential Building				
Building Number	Service Address for Building		Number of Units	Number of Meters
NON-RESIDENTIAL BUILDING SERVICE INFORMATION (I.E. CLUBHOUSE, REC CENTER, POOL) <sup>[1]</sup>				
BUILDING 1	Building Type	Service Address	# of Meters	Total BTUs
Equipment	Total BTUs	Equipment	Total BTUs	Equipment
BUILDING 2	Building Type	Service Address	# of Meters	Total BTUs
Equipment	Total BTUs	Equipment	Total BTUs	Equipment
BUILDING 3	Building Type	Service Address	# of Meters	Total BTUs
Equipment	Total BTUs	Equipment	Total BTUs	Equipment

<sup>[1]</sup> The above information allows the Project Manager to understand the project scope. If your loads are above 1400 CP, the Project Manager will also provide you a customer equipment worksheet. This worksheet will be required for the project design.

### MOVING EXISTING FACILITIES

\*Will existing gas facilities at the location require relocation or removal?

Yes (Mark on Site Plan)

No

Please describe what facilities will be relocated/removed:

### ADDITIONAL PROJECT INFORMATION

Please provide any other pertinent information related to the job:

I understand this application and the information provided herein is a preliminary step to obtain information about natural gas service and that it is not an agreement to use gas or have gas installed. If I decide to have gas installed, a gas contract will be sent for signature and that agreement will be the official notice to proceed with gas installation. For more information about PSE's privacy policy, please visit <https://www.pse.com/pages/privacy>

Signature (Typed Signature is Acceptable)

Date

I understand that completing this box constitutes a legal and binding signature confirming that I acknowledge and agree to the above terms.

Electronic application submission via the above button or as an attachment to [NewServiceApplications@pse.com](mailto:NewServiceApplications@pse.com) is the preferred and most efficient method for application submission. If that is not possible, you may mail your application and site plan.

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