



COMMERCIAL SERVICE REQUEST REQUIREMENTS

From: Service Applications

EDMONTON REQUESTS:

13450 149 ST NW Edmonton AB

PH: 780-420-7278

F: 780-420-7474

E: Service.Contracts@atcogas.com

CALGARY REQUESTS:

383 Midpark Blvd SE Calgary AB

PH: 403-2245-7255

E: GasCalgaryServiceApps@atco.com

Thank you for your request to ATCO for a natural gas service for a commercial development. Included in this request package is the Commercial Service Request Requirements details, a Pressure Gas Application with an example and instructions for completion, and our Meter Area Specification Brochure.

Please complete the fields below, the PGA, and provide the requested documents; these should be submitted to the above email address.

Did you know? ATCO provides energy solutions for construction. Examples include: temporary natural gas services and meters, natural gas generator rentals, and natural gas construction heater rentals. If construction energy is required, please notify us early in the planning phase to allow us to work out an optimal solution that will meet your needs.

Please contact us if you have any questions or concerns.

It is very important that you understand our terms and conditions. Please ensure you read the full terms and conditions available on our website: <http://www.atcogas.com/Rates/Documents/Customer-Terms-and-Conditions-for-Distribution-Service.pdf>.

Commercial Service Request Requirements

Please provide all pertinent information to your request in the space below. A Contract and Estimate cannot be provided until all information has been received.

Section 1 Information of the Party/Business that will be responsible for payment of the service line installation.

Name of the Party (or Business Name of Company)					
Mailing Address of above					
Phone		Cell		Fax	
Email					
Office Contact Name					
Site Contact Name					
Site Contact Phone			Site Contact Email		

Section 2 Site Information

Civic Address														
Lot		Block		Registered Plan #										
Rural Long Legal Description (if applicable)			LSD		QTR		SEC		TWP		RGE		MER	
Proposed Site Ready Date														
Construction Energy Required? (heaters/ng generators/temp service)			<div> <div>Yes</div> <div>No</div> </div>											

If you require multiple meters, please indicate the additional meters required in the table below:

[illegible]

[illegible]

Section 3 (a) Request Requirements

REQUEST TYPE→ REQUIREMENTS↓		NEW SERVICE LINE	EXISTING SERVICE LINE				
			ADD OR REMOVE METER	INCREASE GAS LOAD	MOVE METER AND/OR SERVICE LINE	BUILDING BEING DEMOLISHED AND:	
						ABD	REBUILT
DEVELOPMENT PERMIT		YES	NO	NO	NO	YES	
TOTAL GAS LOAD (IN CFH /MBH):		YES	YES	YES	IF CHANGING	NO	YES
UTILIZATION PRESSURE (PSI):		YES	YES	YES	YES	NO	YES
PRESSURE GAS APPLICATION (PGA)		YES	YES	YES	IF CHANGING	NO	YES
CERTIFICATE OF TITLE		YES	NO	NO	YES	NO	YES
EXTERIOR BUILDING FINISH:		YES	YES	NO	YES	NO	YES
SCALABLE SITE PLAN		YES	NO	NO	YES	NO	YES

***SEE NEXT PAGE FOR REQUIREMENT DESCRIPTIONS, PGA FORMS ARE AT THE END**

Section 3 (b) Requirement Descriptions (move banked meter form here)

1. Development Permit: issued by authorizing jurisdiction or municipality, complete with all civic addresses and legal land descriptions issued – for ALL meter locations
2. Total Gas Load: Combined load requirements for all connected natural gas appliances in cubic feet per hour/MBH.
3. Utilization Pressure: Pressure requirements downstream of the gas meter in PSI (pounds per square inch). Standard delivery pressure is 0.25PSI (low pressure).
 - a. *ATCO may provide, upon approval, elevated pressure at the following levels: 2PSI, 5PSI, 10PSI, 20PSI. Approval is at the sole discretion of ATCO and will be considered based on gas load requirements, distribution pressure and capacity in the area, and appliance requirements. Please include any pertinent documentation if elevated pressure is required (i.e. appliance specifications showing required input pressure). An ATCO representative will discuss whether your project qualifies for elevated pressure upon reviewing your request.*
4. Pressure Gas Application (PGA): Attached form requesting breakdown of gas load requirements by appliance type. Note, if multiple appliances are required, use one line for appliance type and indicate quantity of appliance where shown. Additional instructions for completing this form to follow.
5. Certificate of Title: Current copy of Certificate of Title within last six months. If you do not have a current copy, please obtain one from the Land Titles site at <https://alta.registries.gov.ab.ca/spinii/logon.aspx>.
6. Exterior Building Finish: Please indicate the material at the location of riser and meter. This information is used to determine what type of attachments and considerations for installing the riser and meter on to the exterior of the building. Note: it is ATCO policy to install all new meters to the exterior of the building. If a meter is being moved, the new location must be on the exterior of the building.
7. Scalable Site Plan: When required, please submit a digital copy of a scalable site plan with all the following requirements below.

- | | |
|--|--|
| • Scalable mechanical site plans (M1 & M2) | • Power/Telecom Pedestals |
| • North Arrow | • Building footprint respective of property boundaries |
| • Proposed <i>exterior</i> gas meter location(s) | • Proposed gas service alignment(s) |
| • Retaining walls | • Interlocking pavement/ concrete and paved areas |
| • Stairs, ramps | • Parkade footprint |
| • ALL underground utilities | • Location of Utility Right of Ways and Easements |

Section 4 Additional Information

- ATCO will review your request and preliminary alignment to determine scope. Please note: ALL information that is requested must be supplied before a contract and estimate can be drafted and sent for approval. A finalized alignment and service size is also required prior to sending any approval requests. Typically, the service size will be 42mm or 60mm. However, if this is not adequate for the scope of your project, then our Engineering group will be involved for the design and estimating of the service line(s).
- Prepayment in the amount of the estimate will be required at the time of the contract being signed and processed. The cost list is an estimate only; the final cost charged will be based on the actual installation and these charges will be detailed in the invoice that is sent to you.



Completing the Pressure Gas Application Form

Standard delivery pressure is considered 0.25PSIG; if any pressure above this is required, please indicate that on this form in addition to your application. Please note that your application for elevated pressure must meet ATCO Gas requirements and is approved at the sole discretion of ATCO Gas.

Please complete the attached form – page 4 to 5 of this document – as follows. Example page is included on page 2 to 3 of this document. The form is a writable electronic document – please complete the specified fields online and return as PDF.

1. On the first page of the form (page 4 of this document), enter your project information in the section at the top titled “Customer Information”. This includes the following:
 - a. Your business name and project name – entered on the same line separated with a “/”
 - b. Service Address – the site for which you are applying for gas service/elevated pressure to.
 - c. An office contact and phone number
 - d. A site contact and phone number
 - e. The business mailing address can be entered on the second page of the form – page 5 of this document. All other information entered under “Customer Information” on the first page of the form, will carry over to the second page of the form.
2. Next, enter the gas load breakdown and pressure requirement under “Site Requirements” also on the first page of the form – page 4 of this document.
 - a. Utilization pressure – please indicate the house line pressure required in PSI. Please ensure this information is communicated to your gas-fitter or plumber.
 - b. Enter each appliance on a separate line. If you have multiples of the same type of appliance, and they require the same gas load, only one line is required. Enter the quantity and the load per appliance and the summary will calculate automatically for you in the Load Sum column. If you have multiples of the same appliances, but they have different loads, please use separate lines for each. Please select the type of load for each appliance (heat or process) and the status of the appliance (whether it is *existing* equipment, if it is *new*, or it will be added in the *future*). Please also enter Y for yes or N for no to indicate if an appliance is seasonal or not. **Make sure to enter the load for each appliance as BTU/hr; equivalent would be the CFH value x 1000.**
 - c. The total load required will calculate automatically and will also show the CFH value. Please compare to your records and ensure that the information matches.



*****EXAMPLE ONLY*****

PRESSURE GAS APPLICATION

Refer to DWI 2620

Application #:

OFFICE USE ONLY

(Issued by Commercial Service
Applications personnel Only)

Customer Information	Customer/Project Name: YOUR BUSINESS NAME AND NAME OF YOUR PROJECT				Date (yy-mm-dd):	
	Service Address: ADDRESS WHERE PRESSURE GAS IS REQUIRED				Operation Centre:	Plant #:
					Site ID:	OFFICE USE ONLY
	Customer Contact:		Phone:		Service Pt #:	
	Site Contact:		Phone:		Classification: New	
Existing Equipment	Meter:				Instrument:	
	Regulator:				OFFICE USE ONLY	
	System Pressure:		psi	Utilization Pressure:		psi
Site Requirements	Customer Requested Utilization Pressure:			psi	HOUSE LINE PRESSURE NEEDED	
	*Appliance/Equipment	Type (Heat, Process)	Status (Existing, New, Future)	Quantity	**Load (BTU/hr) Per Appliance	Seasonal (Y/N)
	DETAILED LOAD BREAKDOWN GOES HERE - LOAD IS TO BE ENTERED IN BTU (I.E. 500MBH=500,000BTU); THE SUMMARY WILL CALCULATE AUTOMATICALLY					Load Sum
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
					0	
*Appliance (e.g.): UH - Unit Heater, RTH - Roof Top Heater, IFR - Infra Red, RTU - Roof Top Unit, HWH - Hot Water Heater, IWH - Instant Water Heater, MUA - Makeup Air Unit						
**1 million BTU/hr = approx. 1000 cfh 1000 BTU/hr = approx. 1 cfh				Total appliance load (BTU/hr):	0	
				Total appliance load (cfh):	0	
Additional Information:						

Routing: Originator > Customer > Originator > HUCC or Distribution Foreman - Service > Stores, Electronics & Instrumentation, Reg Shop/Pressure Control & Welding shop

OWNER

REV NO.
1

REVIEW DATE
01 July 2016

ISSUE DATE
01 July 2015

PAGE
1 of 2



PRESSURE GAS APPLICATION

Application #:

PFM ☐INSTRUMENT ☒

NOTE: This form is to be used where a service pressure greater than 0.25 psi (1.72 kPa) is required.

Customer Information	Customer/Project Name:				Date (yy-mm-dd):				
	Service Address:				Operation Centre: Plant #:				
	THIS AREA WILL POPULATE WHEN INFORMATION IS ENTERED ON PREVIOUS PAGE				Service Order #:				
					OFFICE USE ONLY				
	Site Contact:		Phone:		Load: 0 cfh 0 m³h				
	Mailing Address:				Account #:				
	ENTER YOUR BUSINESS MAILING ADDRESS HERE				Type of Facility:				
	System Pressure		Max	psi	Min	0	psi	Customer Requested Utilization Pressure	psi
	Main Size & Material				Service Type	New <input type="checkbox"/>	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	
	Service Size & Material				OFFICE USE ONLY				
Originator	I hereby apply for gas service as specified above. Because these specifications differ from the standard service supplied by ATCO Gas, a contribution may be required in advance. If this application is approved, the metered gas will be corrected for flowing temperature and pressure. This application is subject to approval by the Corporation.								
	Applicant:				Signature:		Date (yy-mm-dd):		
	ATCO Gas Representative:				Signature:		Date (yy-mm-dd):		
Equipment	Regulator Set Pressure		0	psi	Regulator:			Catalogue #:	
	Regulator Inlet Pressure		0	psi	Relief:			Catalogue #:	
	Metering Pressure			psi	Meter:			Foot Drive	
	Load:		0 cfh	0 m³h	Instrument:			0 Foot Drive	
Additional Information	Notes:								
Job Status									
Service Line Installed <input type="checkbox"/>		Date (yy-mm-dd):		Enrolled with Retailer <input type="checkbox"/>		Date (yy-mm-dd):		House Line Inspected/Approved <input type="checkbox"/>	

Routing: Originator > HUCC or Distribution Foreman - Service & Reg Shop > Stores, Electronics & Instrumentation, Reg Shop/Pressure Control & Welding shop



PRESSURE GAS APPLICATION

Refer to DWI 2620

Application #:

(Issued by Commercial Service
Applications personnel Only)

Customer Information	Customer/Project Name:				Date (yy-mm-dd):					
	Service Address:				Operation Centre:		Plant #:			
					Site ID:					
	Customer Contact:		Phone:		Service Pt #:					
	Site Contact:		Phone:		Classification:					
Existing Equipment	Meter:				Instrument:					
	Regulator:				Relief:					
	System Pressure:		psi		Utilization Pressure:		psi		Service Line Diameter (mm):	
Site Requirements	Customer Requested Utilization Pressure:		psi							
	*Appliance/Equipment		Type (Heat, Process)	Status (Existing, New, Future)	Quantity	**Load (BTU/hr) Per Appliance	Seasonal (Y/N)	Load Sum		
	<p>*Appliance (e.g.): UH - Unit Heater, RTH - Roof Top Heater, IFR - Infra Red, RTU - Roof Top Unit, HWH - Hot Water Heater, IWH - Instant Water Heater, MUA - Makeup Air Unit</p> <p>**1 million BTU/hr = approx. 1000 cfh 1000 BTU/hr = approx. 1 cfh</p> <p>Total appliance load (BTU/hr): <input type="text"/></p> <p>Total appliance load (cfh): <input type="text"/></p> <p>Additional Information:</p>									



PRESSURE GAS APPLICATION

Application #:

PFM

INSTRUMENT

NOTE: This form is to be used where a service pressure greater than 0.25 psi (1.72 kPa) is required.

Customer Information	Customer/Project Name:					Date (yy-mm-dd):							
	Service Address:					Operation Centre:		Plant #:					
						Service Order #:							
	Site Contact:			Phone:		Load: cfh m ³ h							
	Mailing Address:					Account #:							
						Type of Facility:							
	System Pressure		Max		psi	Min		psi	Customer Requested Utilization Pressure		psi		
	Main Size & Material							Service Type		New Resize		Permanent Temporary	
	Service Size & Material							Contribution:					
Originator	I hereby apply for gas service as specified above. Because these specifications differ from the standard service supplied by ATCO Gas, a contribution may be required in advance. If this application is approved, the metered gas will be corrected for flowing temperature and pressure. This application is subject to approval by the Corporation.												
	Applicant:				Signature:			Date (yy-mm-dd):					
	ATCO Gas Representative:				Signature:			Date (yy-mm-dd):					
Equipment	Regulator Set Pressure				psi	Regulator:			Catalogue #:				
	Regulator Inlet Pressure				psi	Relief:			Catalogue #:				
	Metering Pressure				psi	Meter:					Foot Drive		
	Load:				cfh m ³ h	Instrument:					Foot Drive		
Additional Information	Notes:												
	Job Status												
Service Line Installed		Date (yy-mm-dd):		Enrolled with Retailer		Date (yy-mm-dd):		House Line Inspected/Approved		Date (yy-mm-dd):			

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