



GAS SERVICE APPLICATION

Service Address: _____

City: _____

Date Gas Required: _____

Property Type: ☐ Residential

☐ Commercial

☐ New Service

☐ Change to Existing

Company Name: _____

Applicant Name: _____

Applicant Phone #: _____

Applicant Email Address: _____

Is Billing Information Different? If yes:

Billing Company Name: _____

Billing Phone #: _____

Billing Address: _____

Billing Email Address, City & Postal Code: _____

Pressure Requested (standard is 4 oz): ☐ 4 oz / 7" / 0.25 psi ☐ OTHER: _____

☐ 2 psig ☐ 5 psig ☐ 10 psig

If non-standard, reason: _____

of Meters Requested: _____

Heating Load (Btu/hr): _____

Make Up Air (Btu/hr): _____

Hot Water Tank (Btu/hr): _____

Other Loads (TOTAL in Btu/hr): _____

Detailed Description of Other Loads: _____

Description of Work / Comments: _____

1. Required Document Attachment Checklist

For Commercial and Multi-unit Residential:

- Surveyed, drafted site plan(s)
- Architectural / elevation drawings showing exterior view where gas meter(s) will be installed [Gas meter location must be approved by the Gas Distribution]
- List of all gas fired appliances with peak load & pressure requirements
- **If more than one meter required:**
 - Proposed meter location (layout, clearances)

For Single Family Residential or Duplexes:

- Site plan showing gas meter location(s), property boundaries, building corners, and street and lane orientation

2. Acknowledgments

By submitting this form, as the applicant I acknowledge:

- The City of Medicine Hat will charge the actual costs of labor, materials and 3rd party costs (hydrovac, welding etc), not to exceed the quoted amount.
- The applicant accepts and agrees to pay all costs to the City up to the quoted amount in a timely manner. Lack of payment may result in consequences including disconnection of gas service.
- The property owner is responsible for hiring the required tradespersons and for all secondary gas piping, reconnections etc.
- Gas meters will not be activated without completion of all required permits and after the property owner or applicant has signed on for utility billing at Medicine Hat City Hall (580 - 1st Street SE).
- The Gas Distribution Department obtains locates for all primary underground facilities, but does not locate secondary lines. There may be additional charges to the applicant if locates are required to identify secondary lines. The Gas Distribution Department will not be held responsible for repair costs to damaged secondary facilities if they have not been identified prior to work starting.

ON THE READY DATE, THE SITE MUST MEET THE FOLLOWING CONDITIONS:

- Site must be within 150mm (6in) of final grade with a backfilled foundation.
- All aspects of building footprint (ie. piles, foundation, curbing) must be visible.
- Entry location of gas service marked on foundation wall with an "X" and the word GAS. Meter location should not terminate < 1.5m past nearest corner of the building.
- Work area around gas service line must be clear of building material & other debris.
- All clearance requirements must be met.
- If site is not ready when crew arrives, work will be rescheduled. Additional charges may apply
- If the proposed service is a multi-unit building and individual metering has been approved by the Gas Distribution Department, each meter drop must be identified with a permanent tag.

Applicant Name: _____

Applicant Signature: _____

Date: _____