

# Network Connection Application Form

**Job No**

Please indicate with "X" the type of application: If both please indicate in both boxes

Request for Network Connection

Request for Consumer Service

## PART A - SITE DETAILS

### A1: Site, Premise Type & LPG Conversion:

Site Type:  Ind  Com  Res Premises Type:  New  Exist Is End User converting from LPG?  Yes  No

U/Lvl/Flat:  Lot No:  Street No:  Street:   
 Suburb:  City:  Post Code:   
 Nearest Cross Street

### A3: Customer Site/Contact Names:

Mr/Mrs/Ms  First Name  Last/Reg. Business/Trading Name   
 Telephone: B/H#:  A/H#:  Fax#:  Mobile#:

### Ab3: Customer Previous Address:

Unit/Flat:  Street No:  Street:  Sub:   
 City:  Phone:  Mob

### A4: Access and Requested Service Dates:

Is customer/ builder presences required for access to install service and meter?  Installation commencement date:

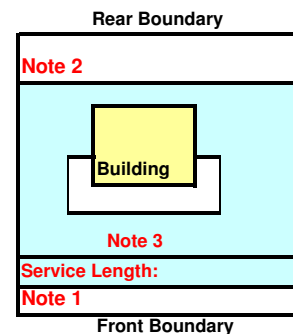
## PART B PREFERRED METER OR SERVICE LOCATION

Service to be installed from which street

Service Meter Bar Installed Y/N

The Retailer will arrange the installation of a network service and basic metering facilities, in accordance with the Network Code and network management plan, to the property boundary, subject to gas being available from an accessible gas main.  
 If the customer chooses to install the meter on the front boundary then the consumer is responsible for the cost and installation of the consumer piping from the meter position, on the property boundary, to their premise. This work must be done by a Network accredited installer.  
 If the applicant requires a basic metering facility to be located at a point other than the property boundary, the consumer will be required to pay for the additional cost.

- Note 1.** Acceptable meter location highlighted by white area one metre from the boundary.
- Note 2:** Meter can be located at the rear boundary if an accessible gas main is available and the meter is protected from third party damage. The meter must be accessible for meter reading and emergency access.
- Note 3:** Meter can be located on building where indicated. The meter must be accessible for meter reading and emergency access.



Place X for preferred meter location - white area

### Office Use Only

Mains Extension Required Yes  No  Capital Contribution Required  Yes  No  Amount \$

**PART C CONSUMER SERVICE DETAILS:**

Tick Box **Option A.**

The customer named above requests the Local Networks to provide a consumer service and install the basic metering facilities in a position as indicated on this application.

Tick Box **Option B.**

The customer named above advises that their plumber will install the consumer service and request that the Local Gas Networks provide basic metering facilities at the position shown on this application.

**PART D APPLIANCE & DELIVERY POINT LOAD DETAILS**

**D1: Domestic Customer - To be completed for appliances with connected gas rates less than 100MJ/h**

Cooking   
  Stored Hot Water   
  Instant Hot Water   
  Flued Heating   
  Unflued Heating   
  Central Heating  
 Spa / Pool   
 Other:    
 Total Gas Rate, MJ /h:

**D2 Required Delivery Point Pressure, kPa: \***

**D3: Domestic, Commercial and Industrial - to be completed for appliances with connected gas rates greater than 100 MJ/h**

Appliance Description	Design Rate MJ /h	Operating Capacity %	Hours per Day	Days per Week	Weeks per Year	Total Annual Load MJ
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**D4: Delivery Point Gas Load Requirements - to be completed for Commercial and Industrial loads only where delivery point gas rates are greater than 100 MJ/h**

	Existing	New/ Additional	Final Total
Total Connected Gas Load, GJ:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Max Hourly Load, GJ:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Min Hourly Load, GJ:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Max Daily Load, GJ:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Annual Load, GJ:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART E PLUMBER & RETAILER DETAILS**

**E1: Plumber/Gasfitter Details: \***

Plumber's Name:     Licence#:     Phone#:   
 Trading Name:     Fax#:   
 Address:     Mobile#:   
 Email:

**E2: Retailer Details:**

Retailer's Name:     Phone#:   
 Applicant Name:     Fax#:   
 Applicant Title:     Mobile#:   
 Signature:     Date:     Email:

**Cost of service**

Standard

Additional cost

Option