

PLEASE NOTE!

Your application for gas service cannot be processed without a copy of your site or plot plan that clearly shows the location of your new home on your lot.

This plan must include: setback dimensions, gas meter location, any obstructions and septic system, if applicable.

Return completed application package with payment to:

**South Jersey Gas
New Construction Sales
1 South Jersey Plaza
Folsom NJ 08037**

(RETAIN THIS PAGE FOR YOUR RECORDS)



APPLICATION FOR SERVICE New Construction

Sales # _____
Service Order # _____
Construction Order # _____
Smart Growth Designation _____

SERVICE ADDRESS	MAILING ADDRESS
Name _____	Name _____
Development/Project Name _____	Company _____
Street _____	Street _____
City _____	City _____
State Zip Lot # Block #	State Zip
Phone Cell Phone	Phone Cell Phone
	E-mail Address _____

(Please Print or Type)

Social Security Numbers: Owner _____ Co-Owner _____

_____ (Name/Company), hereinafter referred to as CUSTOMER, applies to South Jersey Gas, hereinafter referred to as COMPANY, for natural gas service to be installed to the residence (or residences of the development) identified under SERVICE ADDRESS listed above and hereinafter referred to as ADDRESS.

Upon receipt of this application, the COMPANY will begin the process of determining availability of service.

- Approval of natural gas service will be determined by the COMPANY at the discretion of the COMPANY.
- If the COMPANY determines distribution mains need to be extended or reinforced, APPROVAL OF THE APPLICATION will further depend upon the COMPANY'S decision to extend or reinforce such main.

The CUSTOMER hereby applies for natural gas service for the appliances indicated below, and further agrees such appliances will be installed at the ADDRESS (at CUSTOMER expense) if service is approved.

GAS HOUSE HEATER # _____	GAS RANGE # _____	GAS FIREPLACE LOGS # _____
GAS WATER HEATER # _____	GAS DRYER # _____	GAS LIGHT # _____
GAS AIR CONDITIONER # _____	GAS GRILL # _____	GAS POOL HEATER # _____
(#=total number appliance applied for.) OTHER (Describe) _____		

IF NATURAL GAS SERVICE IS APPROVED, the CUSTOMER:

- Will accurately mark out any underground lines that have been privately run. These shall include but not be limited to water, electric, fiber optics and telephone lines, all lines to outbuildings and sprinkler systems.
- Agrees that SJG and/or its subcontractors will not be responsible for any damages that may occur to underground lines or systems that are not accurately marked out by the CUSTOMER.
- Will be billed for service when the meter is set at the property.
- May be required to provide a security deposit equal to two months of average estimated billing at the applicable rate, but not less than \$25.00.
- May be required to contribute toward the construction cost of service and main.
- Will be billed a \$20.00 activation charge for each meter activated.

Applicant agrees to activate gas service within 90 days of installation. If the applicant does not, the COMPANY reserves the right to bill said applicant for the total cost of installation.

This application is neither an agreement to provide gas on the part of the COMPANY nor is it an agreement for the CUSTOMER to install appliances until the CUSTOMER receives approval from the COMPANY and the COMPANY obtains all necessary permits.

A NONREFUNDABLE \$15 APPLICATION FEE FOR EACH UNIT OR METER ON THIS APPLICATION IS REQUIRED FOR THE COMPANY TO PROCESS THE APPLICATION.

CUSTOMER is advised NOT to install natural gas appliances/equipment until approval is confirmed as outlined above.

Agreement to provide gas service is subject to the terms and conditions of the COMPANY tariff and any charges therein approved by the New Jersey Board of Public Utilities.

CUSTOMER: (OWNER/BUILDER)

SOUTH JERSEY GAS:

BY: _____
(signature)

(signature)

(print or type)

(print or type)

DATE: _____

DATE: _____

APPLICATION FEE RECEIVED BY:

____ CASH

____ CHECK

____ MONEY ORDER

Thank you for your interest in natural gas. We look forward to serving you.

Following is a description of the steps necessary to install a gas service to your property if your application is approved.

1. Complete this Application for Service and return it with your \$15 application fee payment to:
South Jersey Gas
New Construction Sales
1 South Jersey Plaza
Folsom, NJ 08037
2. Please be sure to include a copy of your site plan or plot plan that clearly shows the location of your new home on your lot. The plan must include: setback dimensions, gas meter location, any obstructions and septic system, if applicable.
3. The Company's acceptance of this application for gas service does not constitute an approval of the application.
4. Once your signed Application for Service is received, we will complete a review of your requested meter location and apply for any required municipal permits to run the service. Please be advised, the municipality may deny a street opening permit.
5. When all items above are completed, your service will be installed.
6. After the service is installed, you must contact South Jersey Gas' Builders Line at 609-561-9027 to schedule an appointment for meter installation and to activate service within 90 days.

We will be pleased to answer any questions you may have to assist you with this process. Our offices are open from 8:00 a.m. to 4:30 p.m., Monday through Friday.

Atlantic County	609-641-9292
Cape May County	609-398-0444
Cumberland County	856-327-0251
Glassboro, Salem, Camden & Burlington Counties	856-863-9648
Toll Free, All Counties	800-408-1777

NEW CONSTRUCTION CHECKLIST
CUSTOM HOME

APPLICATION FOR GAS SERVICE
RETURN THE COMPLETED FORM

APPLICATION FEE
ENCLOSE YOUR PAYMENT FOR \$15.00 PER METER

IS THIS A TEAR DOWN? YES NO

STYLE OF HOME: (*CIRCLE ONE*)

RANCH BI-LEVEL TWO-STORY DUPLEX OTHER_____

SQUARE FOOTAGE OF HEATED AREA_____

CONSTRUCTION TYPE: (*CIRCLE ONE*)

STICK BUILT MODULAR MANUFACTURED

CONSTRUCTION STATUS: (*CIRCLE ONE*)

SITE CLEARED FOUNDATION FRAMED UNDER ROOF

WE NEED THE GAS LINE INSTALLED BY: _____

SETTLEMENT DATE: _____

NEW HOME DIRECTIONAIRE

These directions will help us locate your new home and your requested location for the new gas meter(s). This information is in addition to, and does not replace the requirement for a site or plot plan which **MUST** be included with your application. All directions should be given as if you are standing at the street facing the front door of your home.

1. Name of street in front of your home: _____

2. Width of street (curb to curb) in front of your home: _____

3. Name of LEFT cross street or intersection: _____

4. Distance from home to this street or intersection: _____

5. Name of RIGHT cross street or intersection: _____

6. Distance from home to this street or intersection: _____

7. Circle below to indicate which side of the house the meter is to be located:

LEFT FRONT RIGHT

8. Approximate distance from *street to meter* location: _____

9. Circle corner of your house closets to your meter location:

FRONT RIGHT FRONT LEFT BACK RIGHT BACK LEFT

10. Approximate distance from *house corner to meter location*: _____

11. If this is a multifamily dwelling, indicate address for each unit. Use the back of this form if additional space is required for addresses.

ATTENTION: SALES DEPARTMENT



Gas Service Installation Request form

Name of Person Requesting Service:	Name: _____ Title: _____ Name of Development (if applicable): _____
Billing Name and Address: <small>Note: Company requesting service will be responsible for all bills until account is turned over to new owner.</small>	Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone # _____ Cell # _____
Service Address:	Street: _____ BTU'S City: _____ Zip Code: _____

South Jersey Gas will now be setting the meter at the same time or within 2 business days of the service installation. All services will be installed in the location you originally requested or have marked out at time of installation unless otherwise noted. Service and meter will be installed regardless of house line being present at time of installation. Upon this installation the meter will be active and the account will start billing. The meter will have a low pressure stop on the house side in the off position with a tag. It is the contractor's responsibility to turn on appliances at that point.

*Items listed below **MUST** be verified by the requestor and **COMPLETED** before gas service is requested: (If information is inaccurate, additional charges will apply if service needs to be relocated after installation.)*

- House is framed and under roof**
- Lot is properly graded to + / - 6" of final grade.**
- For a low pressure service, access needed to building.**
- Gas service location is properly marked on foundation wall or staked.**
- All obstructions are cleared out of gas service installation area. (Street to House)**
- Septic system installed and marked, or not applicable (city sewer).**

Signature: _____ **Date:** _____

I accept the terms listed above and have verified information to be correct.

Please fax your request to 609-561-6955 to schedule your gas service and meter installation, allowing 15 business days for installation. Weather may affect timing. *(If main is required, time for installation may be longer)* Any questions please call: 1-866-429-3523

South Jersey Gas Company Use Only

Date & Division sent to: _____ **SJG Account #:** _____
Copy sent to CCC Supervisor: _____ **SOTS #** _____
Date Installed: _____ (Circle One) **Installed by:** Kiely / SJG Crew⁰

¹ Revised 03/07/07