

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)

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

Following is a description of the steps necessary to facilitate natural gas service to your business should your application is approved.

1. Complete this Application for Service and Commercial Account Questionnaire and return it with your \$15 application fee payment to:
South Jersey Gas
New Construction Sales
1 South Jersey Plaza
Folsom, NJ 08037
2. Remember to CALL BEFORE YOU DIG – IT’S THE LAW! 1-800-272-1000
3. Provide 3 copies of your site plan for new construction.
4. Provide a copy of your mechanical or plumbing plan and a detailed list of your equipment, pressure requirements and projected gas loads.
5. Once your signed Application for Service is received, we will complete an onsite inspection and apply for any approvals and permits to run the main and/or service.
6. Clearly mark the exact meter location with a stake marked “Gas Meter” and check site for any obstructions to service installation. Obstructions must be clear or service installation will be delayed. Site must be at final grade.
7. Upon completion of service installation, you must contact our Builders Line at 609-561-9027 to schedule your gas meter installation within 90 days. Allow five to ten working days for installation. Equipment must be installed to include electricity. City inspection sticker must be at site. Be prepared to review all gas equipment and loads.

We will be pleased to answer any questions you may have to assist you with this process. Please contact our sales department during regular business hours, 8:00 a.m. to 4:30 p.m., Monday through Friday.

Or email us at Sales@sjindustries.com.

Natural Gas New Construction and Conversion Sales :..... 1-866-429-3523
Customer Service Hotline: 1-888-766-9000
Customer Service for Hearing Impaired TDD:..... 1-800-547-9085
Emergency 24 Hour Gas Leak Hotline:..... 1-800-582-7060
Energy Conservation: 1-800-648-0138
Call Before You Dig: 1-800-272-1000
Meter Set Hotline:..... 609-561-9027

South Jersey Gas
1 South Jersey Plaza, Folsom, NJ 08037
www.sjindustries.com

COMMERCIAL NEW CONSTRUCTION CHECKLIST

APPLICATION FOR GAS SERVICE

Return the completed form.

APPLICATION FEE

Enclose your check for \$15.00 per gas meter.

SITE PLAN

Two (2) single page copies of site plan showing utilities.

COMMERCIAL APPLICATION REQUIREMENTS FORM (included in this document)

TYPE OF BUSINESS

Single Store Strip Mall Restaurant Office Building Pump Station
Clubhouse Bank Other_____

AVERAGE SQUARE FOOTAGE OF HEATING AREA_____

STATUS OF CONSTRUCTION (Circle one)

Site Clearing Foundation Framed Under Roof

DATE WHEN GAS IS REQUIRED_____

Please attach construction schedule.

**PLEASE NOTE:
ALL INFORMATION MUST BE COMPLETE ON EACH SHEET, OR THE
APPLICATION WILL BE RETURNED TO YOU AND WILL DELAY GAS
SERVICE INSTALLATION.**

Commercial Application Requirements

*******(Complete One Sheet Per Meter)*******

Business Name _____

Suite/Unit _____ of _____

LIST OF GAS EQUIPMENT:

<u>Qty</u>	<u>Type (restaurant equip, bldg heat, generator, etc)</u>	<u>BTUs</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Required Pressure *if different* than 6" Water Column = ¼ lb pressure.*

*Manufacturers Pressure Documentation Is Required.

PLEASE INDICATE: FRONT OF BUILDING, METER LOCATION, LEFT AND RIGHT CROSS STREETS WITH DISTANCE TO CLOSEST ONE (IN FEET)



For SJG Use Only:

From: Sales Representative: _____ Employee#: _____

To: CCC – Attention Builder’s Reps _____ Date Submitted: _____

COMMERCIAL ACCOUNT REQUEST FOR SERVICE

Date Received: _____ SJG Account Number: _____

Service Name: _____

Trading As: _____

Service Address: _____

Billing Address: _____

Business Phone No: _____ Cell No.: _____

Security Deposit Amount: _____

Business Type: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Corporation or Partnership Registered In (State): _____

Federal Tax I.D. _____

Tax Exempt Status: _____



Type of Business: _____

Billing Contact Person:

Name _____ Title _____
Phone _____ Home Addr: _____

Names of Officers/Partners/Owner

Name _____ Title _____
Phone _____ Home Addr: _____

Drivers License No. & State: _____

Name _____ Title _____
Phone _____ Home Addr: _____

Date Service Required: _____

Attorney's Name: _____

Address: _____ Phone # _____

Customer Owns or Rents Buidling/Unit : _____

Building Owner Information:

Name: _____

Address: _____

Telephone #: _____