



# NYSEG Residential Natural Gas Service Package Contents

## PACKAGE CONTENTS

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## CUSTOMER RESPONSIBILITIES

- 1. Complete forms A, B, and C** and return them electronically to NYSEGESI@nyseg.com or fax to 844.515.1573 or use the pre-addressed envelope that is included with this package of information. **Note:** Forms A and B require a signature.
- 2. Select a contractor** and arrange to have existing equipment converted to natural gas or new natural gas equipment installed. **Note:** All work must be in compliance with the National Fuel Gas Code; the New York State Fuel Gas Code; NYSEG policies; all other applicable federal, state and municipal codes and regulations; and manufacturer's instructions.
- 3. Complete Form D.** Please have the completed form on hand so we can pick it up at the time service is turned on. **Note:** Form D must be signed by both you and your contractor.

**Note Regarding Joint Trenches:** Customers who want to provide their own trench must obtain approval and trench design requirements from the NYSEG gas field planner assigned to their service before digging. A joint trench is where utilities in addition to natural gas service is being installed. Requirements of those other utilities should be considered in the design of trenches provided by customers. Please provide a minimum of three days advance notice for installation for your natural gas service.

**Note:** 12 inches of horizontal separation is required between natural gas lines and other utilities in a joint trench.

**Questions about this package of information?** Contact us at 1.800.572.1111, Monday through Friday, 7 a.m. to 4:30 p.m. Using the automated system, press 3 for "Start or Stop Service, New Construction or Upgrades" and then press 3 again for "New Construction or Upgrading Service." Your call will be directed to a customer representative who will help you.



# NYSEG Residential Natural Gas Service Request Form

## CUSTOMER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

## PROJECT LOCATION > If different from address above

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## PROJECT INFORMATION

**Describe the nature of your project:**  New Service  Relocation  Temporary Service

**This request is for a:**  New Home  Addition  Existing Home      Square Feet \_\_\_\_\_

**Is a general contractor or HVAC contractor involved in this project?**  Yes (please provide contact information below)  No

General Contractor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

HVAC Contractor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

## METER DELIVERY PRESSURE REQUESTED

Standard (7 inches water column)  Elevated (14 inches water column)  Elevated \_\_\_\_\_ (Please specify)

If elevated pressure is requested, please explain why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NATURAL GAS EQUIPMENT** > Please itemize the input British thermal units (Btu) for each appliance.

> SPACE HEATING	EXISTING (If applicable)	NEW	TOTAL Btu/hr
Furnaces	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Boilers	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Fireplaces	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Space Heaters	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
> COOKING	EXISTING (If applicable)	NEW	TOTAL Btu/hr
Ranges	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Ovens	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Outdoor Grills	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Outdoor Ranges	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
> OTHER	EXISTING (If applicable)	NEW	TOTAL Btu/hr
Water Heaters (with tank)	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Tankless Water Heaters	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Pool/Spa Heaters	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Outdoor Gas Light	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Clothes Dryer	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Other _____	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
Other _____	____ Quantity _____ Btu/hr	____ Quantity _____ Btu/hr	_____
<b>&gt; TOTAL CONNECTED Btu/hr</b>			_____

Submitted by (Signature) \_\_\_\_\_

Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

**All work must be in compliance with the National Fuel Gas Code; the New York State Fuel Gas Code; NYSEG policies; all other applicable federal, state and municipal codes and regulations; and manufacturer's instructions.**

Please email an electronic copy of this application to NYSEGESI@nyseg.com or fax to 844.515.1573 or mail to NYSEG, Attn: Energy Service Installation, Customer Relations Center, P.O. Box 5240, Binghamton, NY 13902-5240. To reach us by phone, call 1.800.572.1111, Monday through Friday 7 a.m. to 4:30 p.m. Using the automated system, press 3 for "Start or Stop Service, New Construction or Upgrades" and then press 3 again for "New Construction or Upgrading Service." Your call will be directed to a customer representative who will help you.



# NYSEG Natural Gas Service Commitment Letter

Dear Applicant,

Thank you for starting the process of obtaining natural gas service from NYSEG. To bring natural gas to your home, piping is installed in a trench approximately 18 to 24 inches deep that runs from the natural gas main in the street to your home. Upon completion, NYSEG restores the excavation by filling the trench with existing soil and raking. Final restoration of the trench from the property line to your home, including any additional fill, raking and seeding, pavement and sidewalk repairs, and landscaping, are your responsibility. Final restoration of the trench from the property line to the natural gas main in the public rights of way is done by NYSEG. For new home construction, the areas where piping will be located need to be within 6 inches of the final grade before the natural gas service can be installed.

## (A) EQUIPMENT INSTALLATION

Please check the appliance(s) you intend to convert or connect to natural gas and whether it will be within 3 months of gas service being installed at the address below or if you plan on installing the appliance in 1 to 3 years.

Furnaces or Boilers	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years	•	Water Heater (with tank)	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years
Fireplace	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years	•	Tankless Water Heater	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years
Space Heaters	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years	•	Pool/Spa Heater	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years
Ranges	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years	•	Outdoor Gas Light	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years
Ovens	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years	•	Clothes Dryer	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years
Outdoor Grills	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years	•	Other _____	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years
Outdoor Ranges	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years	•	Other _____	<input type="radio"/> within 3 months	<input type="radio"/> 1-3 years

## (B) SERVICE INSTALLATION

Please check the box that applies:

- I am ready for natural gas service and wish to have the service installed as soon as possible once all other requirements, permits, etc. have been satisfied. (This form must be received before NYSEG can apply for any necessary permits.)
- I am not ready for service now but would like to schedule the natural gas service to be installed on or before \_\_\_\_\_  
(Date service desired)

## PLEASE READ THIS SECTION CAREFULLY AND COMPLETELY

I agree in signing below to the following:

- I will complete installation/conversion of my equipment, checked in section A (above) within 3 months from the date said service is installed by NYSEG. I understand that if I do not, I will pay the full cost incurred by NYSEG for the installation of this service.
- NYSEG has no responsibility for my natural gas appliances and related natural gas equipment such as interior piping and fittings that I, my contractor or builder have installed or will install in the future, and I agree to take full and complete responsibility for my natural gas appliances and other natural gas equipment such as interior piping and fittings.
- I will install/cause to install and test all natural gas appliances and related natural gas equipment in accordance with the latest editions of all applicable codes and manufacturer's requirements.
- NYSEG will only walk through and visually inspect my premises for the following non-standard conditions that appear in plain view: (1) improper use of piping materials, (2) missing or improper venting system, (3) inadequate appliance air supply and (4) inadequate clearances to combustibles. NYSEG will not perform any other inspection activity or test or light pilot lights on my appliances. I agree I will cause my contractor to perform an air pressure test on the gas lines to ensure the lines are completely sealed and to otherwise make the premises ready and able to take natural gas service in accordance with all applicable codes.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Address (Please Print) \_\_\_\_\_

Telephone \_\_\_\_\_

**Please sign and return this letter to start the installation process for your natural gas service.** You may email an electronic copy of the signed letter to NYSEGESl@nyseg.com or fax to 844.515.1573 or mail to NYSEG, Attn: Energy Service Installation, Customer Relations Center, P.O. Box 5240, Binghamton, NY 13902-5240.



# NYSEG Proposed Natural Gas Service Location Drawing

## CUSTOMER INFORMATION

Name \_\_\_\_\_  
Service Address \_\_\_\_\_

## INSTRUCTIONS

Please provide a small sketch of your existing or proposed building along with any significant landscaping and known utilities. This will help NYSEG determine the best service location.

- Checklist of items to identify on map** (see example illustration below to the right)
- Property lines and dimensions to home
  - Home, garage and porches
  - Driveway, sidewalks, patios (non-grass areas)
  - Trees, shrubs, flower beds, etc.
  - Underground water/sewer lines and leach field (if known)

PROPERTY LINE

PROPERTY LINE

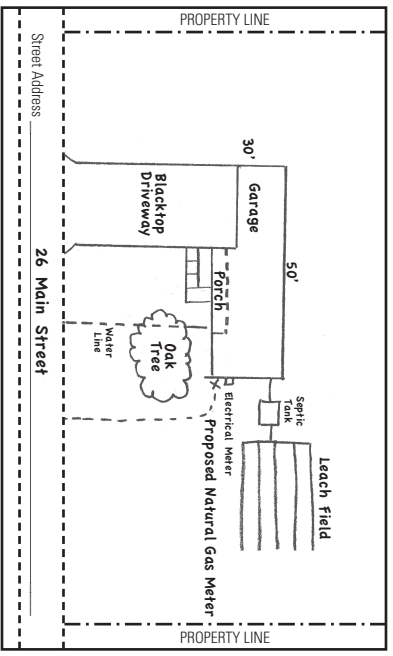
Street Address \_\_\_\_\_

## FORM C Natural Gas Notification #:

### CONSIDERATIONS BEFORE SELECTING NATURAL GAS METER LOCATION

- NYSEG's service will be installed 18 to 24 inches deep.
  - Meter **must** be installed outside of building and be readily accessible. The preferred location is near the electricity meter within 3 feet of either front corner of the house. \*
  - Meter **cannot** be located within 2 feet of building openings (includes windows, doors, vents, etc.).
  - Meter **cannot** be located within 3 feet of any source of ignition (includes air conditioners, outlets, furnace vents, dryer vents, etc.).
  - NYSEG reserves the final right to approve/designate meter location.
- \* NOTE: NYSEG will install up to 100 feet of service pipe from the street to the closest, suitable meter location at no cost for heating service. Additional fees will be assessed for locations that are chosen beyond this free allowance.**

### EXAMPLE FOR ILLUSTRATION PURPOSES ONLY





# NYSEG Natural Gas Appliance Inspection Certificate

>> **This document must be completed/signed prior to your service being turned on. Do not return it with Forms A, B and C.** Please have the completed form on hand or located conspicuously so we can pick it up at the time service is turned on.

I hereby certify that, to the best of my knowledge and understanding, all natural gas appliances, along with the natural gas piping, chimney/vent system and related appurtenances, that have been installed by me or my designated contractor, are installed in accordance with all applicable codes and standards including the National Fuel Gas Code; the New York State Fuel Gas Code; NYSEG policies; all other applicable federal, state and municipal codes and regulations; and manufacturer's instructions.

I also acknowledge all natural gas piping installed by me or my designated contractor has been subjected to and passed the pressure test requirements as outlined in applicable code.

Customer Name \_\_\_\_\_ Signature \_\_\_\_\_

Service Location (Street/City) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Contractor Name \_\_\_\_\_ Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Please check and complete the following information for each natural gas appliance that you are installing at this time. Please include the Btu input of the appliance, the brand name and tell us what fuel was being used for this purpose prior to this installation, if any.

	Btu Input	Brand Name	Previous Fuel	Date Connected	NYSEG Use Only Dths
<input type="radio"/> Furnaces or Boilers	_____	_____	_____	_____	_____
<input type="radio"/> Fireplace	_____	_____	_____	_____	_____
<input type="radio"/> Space Heater	_____	_____	_____	_____	_____
<input type="radio"/> Range	_____	_____	_____	_____	_____
<input type="radio"/> Oven	_____	_____	_____	_____	_____
<input type="radio"/> Outdoor Grill	_____	_____	_____	_____	_____
<input type="radio"/> Outdoor Range	_____	_____	_____	_____	_____
<input type="radio"/> Water Heater (with tank)	_____	_____	_____	_____	_____
<input type="radio"/> Tankless Hot Water	_____	_____	_____	_____	_____
<input type="radio"/> Pool/Spa Heater	_____	_____	_____	_____	_____
<input type="radio"/> Outdoor Gas Light	_____	_____	_____	_____	_____
<input type="radio"/> Clothes Dryer	_____	_____	_____	_____	_____
<input type="radio"/> Other _____	_____	_____	_____	_____	_____
<input type="radio"/> Other _____	_____	_____	_____	_____	_____

### NYSEG USE ONLY

Name \_\_\_\_\_

Turn-on Date \_\_\_\_\_ By (Employee ID) \_\_\_\_\_

Natural Gas Meter Number \_\_\_\_\_  Residential  Nonresidential