

Gas Service Agreement—please fill out completely to ensure prompt service Date: _____

APPLICANT INFORMATION

Customer: _____

Address : _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email (optional) _____

Preferred Method of Contact: E-mail Phone

Billing Address (if different than above address): _____

City: _____ State: _____ Zip Code: _____

Residential Inquiry Form

- Relocate Service New Service Installation
- Meter Install (existing service on property)
- Equipment to be Connected:
 - Furnace Boiler
 - Hot Water (Tank) Hot Water (On Demand)
 - Cooking Dryer
 - Fireplace Pool Heater
 - Emergency Generator Other: _____
- See pg. 3 for detailed equipment information and instructions to be filled out by selected contractor.
- Current Primary Heat Source: Oil Propane Electric Other: _____
- Contact (if different than applicant information above): _____
Contact Number: _____
- Plumbing / HVAC Contractor:
 - Name: _____
 - Company Phone number: _____
 - Company Rep. Name: _____
 - Company Rep. Phone Number: _____

Please read and acknowledge the following conditions:

- I am aware that a gas main extension is required in conjunction with this service and understand that a refundable qualifying deposit (RQD) in the amount of \$200.00 must be submitted with application. If I do not begin receiving natural gas delivery within 5 years of the gas main installation, I understand that Delmarva Power will retain the RQD as a Contribution In Aid of Construction (CIAC).
- Final restoration will be completed with 15 business days, **weather permitting**.
- I am aware that Delmarva Power’s intent is to install all services based on the customer’s in service and/or need date. I understand that Delmarva Power reserves the right to install all new and/or upgraded services at anytime based on Delmarva’s needs and resources.

Signature: _____ Date: _____

****Please sign back page agreeing to Terms and Conditions****

FOR DELMARVA USE ONLY

Account Number: _____ Premise Number: _____

Job Order Number: _____ Meter Rate: 88/02 63/01 77/21

Meter Set Date: _____ Meter Type: _____ Meter Location: _____ GSS #: _____

Comments: _____

Terms and Conditions of Service

(1) Prior to installation of the natural gas facilities by DELMARVA POWER, OWNER shall, at no cost to DELMARVA POWER and in reasonable time to meet DELMARVA POWER's requirements:

(a) Provide such right of way and/or easement agreements as may be required by DELMARVA POWER in a form suitable for recording; and

(b) Grade the right of way, easement areas or areas of **proposed construction to within six inches of final grade**. Such areas shall be cleared ten (10) feet behind any dedicated sidewalk areas, removing trees, tree stumps and other obstruction. In addition, OWNER agrees to remove, in advance of DELMARVA POWER'S construction, all building materials, scaffolding, construction debris, trees, tree stumps, rock, sub-surface rock, and other materials from the area where DELMARVA POWER will install / relocate the natural gas facilities. OWNER further agrees to bear all costs associated with failure to properly clear the area; and

(2) OWNER agrees that sanitary sewer mains, laterals, septic systems, storm sewers, water mains and laterals, wells, underground oil distribution systems and gas lines other than by DELMARVA POWER shall be installed and locations marked prior to DELMARVA POWER'S installation of natural gas facilities.

(3) OWNER agrees to locate, mark, stake or uncover all underground obstructions in or near the natural gas utility path. DELMARVA POWER will not be held liable for any loss, cost, or damage to obstructions not so identified (e.g. dog fences, private area lighting, security systems, etc.)

(4) OWNER agrees to submit changes in his plans to DELMARVA POWER in sufficient time to permit DELMARVA POWER to make necessary changes prior to the installation / relocation of the natural gas facilities. OWNER agrees to pay DELMARVA POWER engineering costs associated with the change in the gas design prior to the installation of these facilities.

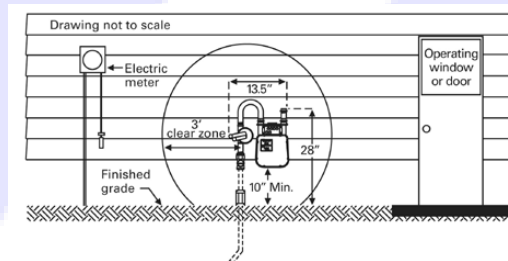
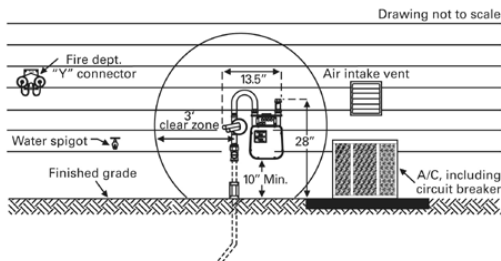
(5) OWNER is responsible for all piping and appurtenances required to connect the outlet of each new gas riser/meter, this includes but is not limited to the regulation and fuel line. The OWNER is responsible for all **Authority with jurisdictions within NCCO permits and inspections** required for the installation of natural gas facilities including but not limited to in section 401.10 of the 2012 International Fuel Gas Code.

METERING REQUIREMENT

(1) OWNER shall provide, with regard to the natural gas facilities without charge, a suitable place for the natural gas meters, pressure regulators and other natural gas equipment of the DELMARVA POWER. Such place shall be of convenient access to the DELMARVA POWER. The location of the meter(s) shall be as near as possible to the point where the supply piping enters the customer building and otherwise acceptable to DELMARVA POWER. The meter location is subject to the inspection and required periodic access to satisfy meter reading and equipment maintenance requirements.

(2) All natural gas to be supplied to structures situated at the property shall be metered and meter reading devices shall be installed with respect to each service to permit the determination of natural gas consumption from the exterior of the structures. In all cases, approval for meter locations must be obtained from DELMARVA POWER prior to installation on the structure. Metering shall include but not limited to a recording device, which shall be furnished and installed by DELMARVA POWER.

Minimum clearances for gas meter installation (for illustrative purposes)



Restoration Policy— Upon completion, Delmarva Power will restore the work area to as near it's original condition as possible. It is understood that Delmarva Power will restore all disturbed ground surface materials such as concrete, pavement, stone and grass associated with the service installation process and replace it with material in kind. I understand that I am responsible for removing and/or replacing all trees, flowers, shrubs and decorative landscaping material prior to and upon the completion of the gas service installation. I understand that I am responsible for watering and maintaining the restored grass area. In the event the grass does not establish, I will be responsible for placing top soil and grass seed at my cost and will not hold Delmarva Power responsible for any further restoration.

Service supplied under this application will be taken and paid for by the customer in accordance with the rules and regulations, and at the rates, contained in company's tariffs and schedules as filed from time to time with the Public Service Commission of the State of Delaware.

Applicants Signature: _____ Date: _____



Your life. Plugged in.™

Customer Name: _____ Customer Phone #: _____

Address: _____

Email Address (optional): _____

Account #: _____

MUST BE COMPLETED BY CONTRACTOR

Company Name: _____

Equipment to be Installed (info. Provided by Installing Contractor)

- | | | | |
|--|------------------|---|------------------|
| <input type="checkbox"/> Furnace(s) or boiler(s) | Total BTUs _____ | <input type="checkbox"/> Dryer(s) | Total BTUs _____ |
| <input type="checkbox"/> Tankless water heater (s) | Total BTUs _____ | <input type="checkbox"/> Pool Heater(s) | Total BTUs _____ |
| <input type="checkbox"/> Water heater(s) | Total BTUs _____ | <input type="checkbox"/> Garage Heater(s) | Total BTUs _____ |
| <input type="checkbox"/> Fireplace(s) | Total BTUs _____ | <input type="checkbox"/> Generator(s) | Total BTUs _____ |
| <input type="checkbox"/> Range(s),Cooktop(s),Oven(s) | Total BTUs _____ | | |

Requested Delivery Pressure: W.C. +/- 6" 2 PSIG 5 PSIG

Date of Equipment Installation: ____/____/____

Authority with Jurisdiction: NCC City of Newark City of Wilm.
 City of New Castle Bellefonte

Permit #: _____

Contractor must contact Delmarva Power at either: email: gasengineering@delmarva.com
Phone: 302-429-3050 or 302-429-3813 Fax: 302-429-3272

Installing Contractor Info:

Contact Person: _____

Contact Number: Office: _____

Cell: _____

Fax: _____