




GAS UTILITY LOAD FORM

**CITY OF PORT ARANSAS
GAS DEPARTMENT**
710 W. Avenue A
Port Aransas, TX 78373
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www.cityofportaransas.org

Office Hours: 8 a.m. to 12 noon
1 p.m. to 5 p.m.
After Hours: (361) 749-6241
Emergency: 911
call before you dig: 811


OFFICE USE ONLY:



CHECK ONE: RESIDENTIAL SERVICE CONNECTION
 COMMERCIAL/INDUSTRIAL SERVICE CONNECTION

CUSTOMER NAME: _____ PHONE# _____

LOCATION OF INSTALLATION: _____ UNIT # _____

PROJECT TYPE: (CHECK ONE): NEW CONSTRUCTION ADDING APPLIANCE
 UPGRADING APPLIANCE  OTHER _____

PLUMBER / SERVICE PERSON NAME: _____ PHONE# _____

*DESIRED DATE FOR SERVICE INSTALLATION: _____ *PRESSURE REQUIREMENT _____

SERVICE DESIGN LOAD INFORMATION

INFORMATION FOR GAS LOADS CAN BE FOUND ON THE APPLIANCE MANUFACTURER PLATE

NATURAL GAS EQUIPMENT INPUT RATING IN BTU/HR BTU/HR=BTUH	NATURAL GAS EQUIPMENT	HOW MANY	EXISTING	NEW	OFFICE USE ONLY
	SPACE HEATER			BTUH	BTUH
WATER HEATER			BTUH	BTUH	
POOL/SPA HEATER			BTUH	BTUH	
BOILER			BTUH	BTUH	
CLOTHES DRYER			BTUH	BTUH	
RANGE			BTUH	BTUH	
FURNACE			BTUH	BTUH	
FIREPLACE			BTUH	BTUH	
GRIDDLE			BTUH	BTUH	
OVEN			BTUH	BTUH	
BARBEQUE GRILL			BTUH	BTUH	

LIST ANY OTHER NATURAL GAS EQUIPMENT BELOW; SUCH AS A GENERATOR, FRYERS, LIGHTING, TORCHES, ETC...

			BTUH	BTUH	
			BTUH	BTUH	
			BTUH	BTUH	
TOTAL LOAD IN CFH					

TECHNICAL INFORMATION

METER REQUIREMENT		PIPE SIZE	SPUD	CAPACITY
REGULATOR REQUIREMENT		ORIFICE	SPRING	CAPACITY
OTHER REQUIREMENTS				