



3408 International Way  
 Fairbanks, AK 99701  
 (907) 452-7111 (907) 457-8111 Fax  
 www.fngas.com

# GAS SERVICE APPLICATION

Residential and Small Commercial Use  
 Page 1 (See back for Page 2)

**Applicant Name or Company (To be billed for service installation)**

|  |
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|  |
|  |
|  |
|  |

**Service Address (Location of building. Not for billing)**

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|  |
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**Legal Address (Legal description of lot being serviced)**

|                               |               |     |
|-------------------------------|---------------|-----|
| Subdivision or Township/Range | Block/Section | Lot |
|                               |               |     |

1. \$50 SERVICE APPLICATION FEE will be accessed for each meter applied for. \$50 FEE IS DUE AT TIME OF APPLICATION. Fee will provide for application, meter, and up to 100 feet service line from property edge to meter/riser location. \*\*For each foot over 100 feet, the customer will be charged \$6/ft for 3/4" line and \$7/ft for 2" line.
2. PLEASE READ ALL REQUIREMENTS DETAILED ON PAGE 2
3.  New Construction  Conversion  Addition
4. Excess Flow Valve  YES  NO Initial \_\_\_\_\_  
 FOR NEW RESIDENTIAL SERVICE INSTALLATION ONLY. APPLICATION WILL NOT BE PROCESSED WITHOUT Y/N RESPONSE AND INITIAL. See back for more information.
5. Delivery Pressure Required (Recommend by Contractor)  
 7" WC (Standard)  2 psig (Where applicable)  
*(Please Indicate Following Items on Sketch)*
6. Gas meter to be located on the  
 House/Main Bldg  Garage/Secondary Bldg
7. Meter to be in a driveway or parking area? If YES, see back for meter protection requirements.  YES  NO
8. Is there an easement on the property?  
 YES  NO

**Billing/Mailing Address (Where bill is to be sent)**

|          |
|----------|
|          |
|          |
|          |
|          |
| Zip Code |

**Service Telephone Number      Service Fax Number**

|  |
|--|
|  |
|--|

Square feet \_\_\_\_\_  Residential Use  Small Commercial Use  
 Duplex  Triplex  Apt Bldg # Units \_\_\_\_\_

Proposed Use of Building \_\_\_\_\_      Approx. Date Service Required

|  |    |    |    |
|--|----|----|----|
|  | MM | DD | YY |
|--|----|----|----|

|                                      |               |
|--------------------------------------|---------------|
| Plumber/Mechanical Contractor (Name) | Telephone No. |
|                                      | (    )        |

|                           |               |
|---------------------------|---------------|
| General Contractor (Name) | Telephone No. |
|                           | (    )        |

| Load Details (1)                                                                                                         |                      |                      |                   |
|--------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-------------------|
| Appliance Type                                                                                                           | Number of Appliances | Load per Unit BTU/hr | Total Load BTU/hr |
|                                                                                                                          | X                    |                      | :                 |
|                                                                                                                          | X                    |                      | :                 |
|                                                                                                                          | X                    |                      | :                 |
|                                                                                                                          | X                    |                      | :                 |
|                                                                                                                          | X                    |                      | :                 |
| Number of Meters Required                                                                                                |                      | <b>Total Load</b>    |                   |
| (If more than one building, please designate as A, B, C, etc. and specify appliances & No. of meters for each building). |                      |                      |                   |

**Site Information – Show on Sketch**

9. Please complete or submit a full site sketch or as-built drawing showing the preferred location of the gas service and meter, as well as the location of all other utilities and buried facilities listed:
  - Mark meter location with an "X" (According to "Site Requirements")
  - Change building shape to suit
  - Show garage, driveway, retaining walls, all buildings and septic fields
  - Show public road which building faces
  - Show all utilities and all underground facilities such as:
    - Oil tank and fuel lines
    - Water/Sewer Service (including well and well wires)
    - Electric, Cable and Telephone
10. FNG will not be responsible for unidentified buried facilities. Remediation will be done to reasonable degree depending on prior site conditions.

Indicate North

Square feet \_\_\_\_\_

\_\_\_\_\_ Property Line \_\_\_\_\_

----- Gas Main Line -----

Street Name: \_\_\_\_\_

REMEMBER TO ALWAYS CALL BEFORE YOU DIG! 459-6400

**Site Readiness**

11. In order for your gas service installation to proceed, the building must have a foundation, service line route cleared and area to final grade.  
 Is Site Now Ready?  YES  NO  
 Reason site is not ready: \_\_\_\_\_  
 The applicant may contact FNG once the site has been prepared and conditions met. Phone: 452-7111 Fax: 457-8111
12. Once meter is set, **ONLY FNG PERSONELL MAY TURN ON METER.**

**Agreement**

13. The undersigned, by applying for service and signing this Application, acknowledges an obligation to pay for service provided by Fairbanks Natural Gas, LLC. (herein called "FNG") in accordance with this Application (both front and back) and FNG, LLC. Tariff, as amended or replaced from time to time and available at the FNG office. FNG will make every effort to supply service in a timely manner depending on time of application received and weather conditions.

|                        |                       |                 |
|------------------------|-----------------------|-----------------|
| Applicant (PRINT Name) | Applicant (Signature) | Date (MM/DD/YY) |
|------------------------|-----------------------|-----------------|