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No 32150

CITY OF CHARLOTTESVILLE
 DEPT. OF PUBLIC WORKS - GAS DIVISION
APPLICATION FOR SERVICE PIPING

Part 1
 Original

Service Address		Location		Connected Load		Gas Heat	
						Yes No	
First Name	Middle Initial	Last Name		No. of Bldgs.	Kind of Bldg./Ferc		
Cust. Press Requirement		Contact Person					
Home Telephone		Date to Dist. Dept.	Taken by		Date		
Business Telephone		Mailing Address of Applicant				Log No.	

Applicant, the owner of the property herein described, or duly authorized agent, hereby requests and authorizes the City of Charlottesville to install it's gas service pipe, as soon as practical, at the location indicated in the sketch on the reverse side. Service pipe will be laid free of charge, during construction season, provided the total length of service pipe from lot line to a city designated gas meter location, is not in excess of 150 feet. Excess over 150 feet will be charged for at Gas Division prevailing cost, and such payment shall not confer upon the applicant any title or property rights in the facilities so installed by the city, also permits the city access to all it's facilities after installation and for the life of said facilities. This application is taken subject to acceptance by the city; if not accepted, any payment made hereunder shall be refunded

Contractor
 Replacement _____ Replacement _____ New _____ Meter Move Only _____ Test & Reconnect _____

NOTICE: You have not made application for gas until this form is returned - complete with sketch.

PROGRESS OF BLDG.	___ New Bldg.	City Use Only/Miss Utility Info.		Backfill	Gas Needed
	___ Old Bldg.	Date Called _____	Date Cleared _____		
		Tkt. # _____			

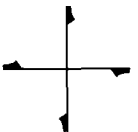
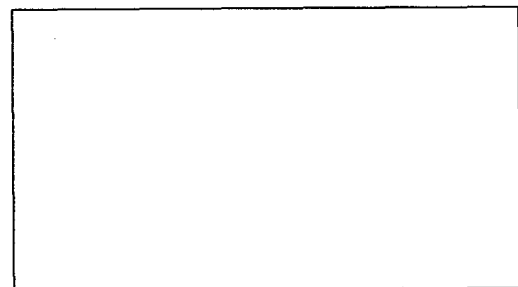
Use symbols to indicate locations of:

- GAS - Proposed Gas Service Pipe
- Proposed Gas Meter
- S - Sewer Line
- Cesspool, Cisterns, etc.
- Water Meter or Well
- W - Water Service
- T - Telephone Cable
- E - Underground Electric

Gas Appliances Being Used _____

Signature of Applicant

***Locate Gas Meter on Building**



Lot Line _____

Street Name _____