



APPLICATION FOR ELEVATED NATURAL GAS PRESSURE APPROVAL

Please fill out all applicable lines including reason for request. Elevated pressure requests **over 2 psig** must include documentation from equipment manufacturer showing need for requested pressure.

Location: Facility Name: _____
Street Address: _____ City: _____

Applicant: Contact Name: _____ Phone: _____
Contact Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Applicant Email: _____

Plumbing Co.: Plumbing Company: _____ Phone: _____
Email Address: _____ License Number: _____

Facility: Existing Gas Load: _____ BTUH at _____ psig Delivery Pressure
Proposed Gas Load: _____ BTUH at _____ psig Delivery Pressure
Reason for elevated pressure request: _____

Signature: _____ Date: _____
Request cannot be completed without signature.

Email the completed request to UtilityApplication@csu.org or as an alternate, send completed request to appropriate Field Engineering Office.

North Work Center
7710 Durant Drive
P.O. Box 1103, Mail Code 2150
Colorado Springs, CO 80947-2150
Phone: (719) 668-4985
Fax: (719) 668-4998

South Work Center
1521 Hancock Expressway
P.O. Box 1103, Mail Code 1821
Colorado Springs, CO 80947-1821
Phone: (719) 668-5564
Fax: (719) 668-5956

For office use only

Work Order Number(s) _____

FE: _____ Phone: _____
