|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project/Tenant Information** | | | | | | | | | | | | | | | | | |
| Design-Build projects shall submit Application for Connection as determined by the Port PM/CM (It is encouraged that submittal milestones be established in PDD)  Design-Bid-Build projects shall submit Application for Connection at all project milestones (30%/60%/90%/100%)  **No connection to the utility shall be established without an approved Application for Connection** | | | | | | | | | | | | | | | | | |
| **Date:** | Click or tap here to enter text. | | **CIP #** | | | Click or tap here to enter text. | | **Mandatory Project ID:** | | | | | Click or tap here to enter text. | | | | |
| **Project Title:** | | | Click or tap here to enter text. | | | | | | | | | | **% Design Complete:** | | | Click or tap here to enter text. | |
| **Project Description:** | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Airport Tenant Company:** | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Contact Person:** | | | Click or tap here to enter text. | | | | | | **Phone #** | | | | | | Click or tap here to enter text. | | |
| **Address:** | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Street City State Zip Code | | | | | | | | | | | | | | |
| **Port Line of Business Representative:** | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Location of Service:** | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **POS Project Manager:** | | | Click or tap here to enter text. | | | | | | | | **Phone #** | | | | Click or tap here to enter text. | | |
| **Design Firm:** | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Design Project Manager:** | | | Click or tap here to enter text. | | | | | | | | **Phone #** | | | | Click or tap here to enter text. | | |
| **Lead Design Engineer:** | | | Click or tap here to enter text. | | | | | | | | **Phone #** | | | | Click or tap here to enter text. | | |
| **Project Presenter to the Mechanical Systems Design Review Committee on:**  *If you have not presented to the Mechanical Systems Design Review Committee and would like to schedule a time on the agenda, please go to:* [*https://portseattle.sharepoint.com/sites/avficommittee/SitePages/Home.aspx*](https://portseattle.sharepoint.com/sites/avficommittee/SitePages/Home.aspx) *(Port employees only), or email* [*AVCommittees@portseattle.org*](mailto:AVCommittees@portseattle.org) | | | | | | | | | | | | | | | Click or tap here to enter text. | | |
| **Documents Provided** | | | | | | | | | | | | | | | | | |
| Flow Calculations (MBH) | | | | Fixture Schedule | | | | | | | | General Arrangement Drawing | | | | | |
| Elevation Drawings | | | | Riser Diagram | | | | | | | | Connection Details | | | | | |
| **Connection Details** | | | | | | | | | | | | | | | | | |
| 1. Connection Requested for: | | | | | | | | | | | | | | | | | |
|  | | **New Gas Service** (American Meter with DDC Connection Required) | | | | | | | | | | | | | | | |
|  | | **Revised Gas Service** (Requires new MBH Calculations) | | | | | | | | | | | | | | | |
|  | | **Other:** Click or tap here to enter text. | | | | | | | | | | | | | | | |
| 1. **Required Date for Connection:** | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| 1. **Requested Size of Gas Service (Meter):**   **(Gas service if 2 lbs. pressure)** | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| 1. **Piping Calculations Attached:** | | | | | | | **Yes** | | |  | | | | **No** | | |  |
| 1. **Drawings Attached:** | | | | | | | **Yes** | | |  | | | | **No** | | |  |
| 1. **Drawing Numbers:** | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| 1. **Port Assigned Equipment ID#:** | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| 1. **A final copy of “As-Built” system drawings must be provided to F&I at the conclusion of the project.** | | | | | | | | | | | | | | | | | |

**NOTES: Utility Shutdown Request Form must be completed before connection during construction phase (7 days’ notice required).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prepared by:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| *A revised application is required to be submitted as the project progression from pre-design to 100% design. No connections to the natural gas system will be allowed without Facilities & Infrastructure approval of this document.* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Application is:** | **Approved** | **Approved as Noted** *(See below)* | |
| **Revise and Resubmit** | **Rejected** | |
| **Notes:** |  | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Aviation/Facilities & Infrastructure*** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Date*** |

**If Tenant project, Utility Business Manager must review.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Application is:** | **Approved** | **Approved as Noted** *(See below)* | |
| **Revise and Resubmit** | **Rejected** | |
| **Notes:** |  | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Utility Business Manager*** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Date*** | |