

**CONSUMERS ENERGY
REQUEST FOR ELEVATED CUSTOMER DELIVERY PRESSURE**

TO BE COMPLETED BY CONSUMERS ENERGY REPRESENTATIVE						
Project Name	Date	Notification No.				
Address	City/Township	Design Document No.				
<p>Customer requests a delivery pressure to their fuel line of ____ psig, and attests that the fuel line system and equipment subject to the meter stand outlet pressure is designed to handle a pressure of at least ____ psig. Elevated delivery pressures normally require a downstream regulator to cut the pressure to what the appliance is designed to use. Failure to comply with these limitations could result in an unsafe condition. Original with all signatures must be retained by Consumers Energy.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> Delivery (psig) 0.4 1 or 2 5 6 to 30 31 to 100 101 to 200 </td> <td style="width: 50%; text-align: center; vertical-align: top;"> Customer's Fuel Line Requirements (psig) 1 10* 15 Delivery + 10 Delivery + 20 Delivery + 30 *If IRV or IM regulator is used only 5 psig is required </td> </tr> </table>					Delivery (psig) 0.4 1 or 2 5 6 to 30 31 to 100 101 to 200	Customer's Fuel Line Requirements (psig) 1 10* 15 Delivery + 10 Delivery + 20 Delivery + 30 *If IRV or IM regulator is used only 5 psig is required
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Signature of Mechanical Licensed Individual (1 psig or higher) or Permit Holder		Printed Name				
		License No.	Permit No.			
Requesting Party's Signature		Printed Name and Title		Date		
CUSTOMER'S LOAD DATA	Present Max Continuous	Max Demand		Type of Equipment		
	Additional Max Continuous	Max Demand		Type of Equipment		
	Total Max Continuous	Max Demand				
SERVICE		SIZE	KIND	LENGTH	PRESSURE DROP	
	MP SERVICE	_____	_____	_____	_____	
	HP SERVICE	_____	_____	_____	_____	
	MAIN TO REGULATOR	_____	_____	_____	_____	
	REG TO METER INSTALLATION	_____	_____	_____	_____	
Min. Main Pressure Required	Regulator Size/Kind	Orifice Size	Min. Inlet Pressure	Gas Number		
Consumers Energy Representative Signature (CES, System Engineer, DPE, DPE Lead, etc.)		Printed Name		Date		
APPROVED (ALL PRESSURES)						
System Engineer Signature		Printed Name		Date		
TO BE COMPLETED BY SYSTEM PLANNING						
DISTRIBUTION SYSTEM						
		EXISTING LOAD STUDY WITHOUT NEW LOAD	EXISTING LOAD STUDY WITH NEW LOAD			
SYSTEM MAOP		_____	_____			
MAIN PRESSURE (AVAILABLE)		_____	_____			
System Changes Required						
DELIVERY PRESSURE 5 PSIG OR ABOVE APPROVED BY						
System Planning Signature		Printed Name		Date		