

## 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.
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.				
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		
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
<b>CUSTOMER'S LOAD DATA</b>	Present Max Continuous	Max Demand	Type of Equipment	
	Additional Max Continuous	Max Demand	Type of Equipment	
	Total Max Continuous	Max Demand		
<b>SERVICE</b>	SIZE	KIND	LENGTH	PRESSURE DROP
	MP SERVICE	_____	_____	_____
	HP SERVICE	_____	_____	_____
	MAIN TO REGULATOR	_____	_____	_____
	REG TO METER INSTALLATION	_____	_____	_____
Minimum Main Pressure Required				Gas Number
Consumers Energy Representative Signature (CES, System Engineer, DPE, DPE Lead, etc.)		Printed Name		Date
<b>APPROVED (ALL PRESSURES)</b>				
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