|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | From IGT to mua Gas: | | | | |
|  | IGT ref number |  | Date of Request | |  |
| IGT name |  | For the attention of | |  |
| IGT Address  (incl. postcode) |  | mua reference | |  |
| GT contact name | |  |
| UIP name and address |  | Job title | |  |
| GT Telephone Number | |
| GT Fax No. | |
| IGT signature |  | | | |
| 2 | GT site information | | | | |
|  | CSEP Name |  | Requested Connection Location | Easting |  |
| Site Name |  | Northing |  |
| Site Contact |  | CSEP Development Period (Years) | |  |
| Street |  | CSEP Connection scaled location plan enclosed? | |  |
| Town |  | First Gas Date | |  |
| County |  | Is this the Initial Request? (Yes/No) | |  |
| Postcode |  | If No, existing Project Ref No | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. |  | Load details | | | | | | | |
|  | | EUC01B | | | EUC\_\_\_\_\_ \*\* | | | Max CSAQ  for all EUCs (kWh) | Max CSEP Offtake Rate (kWh/h) |
|  |  | No. NDM Conns | CSAQ  (kWh) | Supply Hourly Quantity (kW) | No. NDM Conns | CSAQ  (kWh) | Supply Hourly Quantity (kW) |
| A | Year 1 |  |  |  |  |  |  |  |  |
|  | Year 2 |  |  |  |  |  |  |  |  |
|  | Year 3 |  |  |  |  |  |  |  |  |
|  | Year 4 |  |  |  |  |  |  |  |  |
|  | Year 5 |  |  |  |  |  |  |  |  |
|  | Year 6 |  |  |  |  |  |  |  |  |
|  | Year 7 |  |  |  |  |  |  |  |  |
|  | Year 8 |  |  |  |  |  |  |  |  |
| B | Maximum Potential Load, A plus additional Condition 16 | | | | | | | | |
|  | Future |  |  |  |  |  |  |  |  |
| \*\* For each EUC, the category, number of connections and CSAQ offtake rate must be stated for each year.  Note: Where the site has more than one ISEP please complete a separate form for each ISEP. | | | | | | | | | |
| Please provide:   * A site plan highlighting the boundary of proposed development, with at least two street names, property schedule and correct number of connections. * Latest location plans showing the correct site location. * Preferred Connected System Exit Point marked on Plan.   Please send completed forms to [newconnection@muagroup.co.uk](mailto:newconnection@muagroup.co.uk) | | | | | | | | | |

|  |  |
| --- | --- |
| Any Site Anomalies, Additional Conditions, Site Rules or Regulations? | **Yes / no** |
| Any Construction Period Constraints? | **Yes / no** |
| Any Enhanced Facilities Required? | **Yes / no** |
| Do you wish to complete the final connection? | **Yes / no** |
| Further information may be provided on a separate sheet. Please indicate here if attached | **Yes / no** |
| **FOR GT FINAL CONNECTIONS ONLY –** Please confirm company name for the following GIRS registration scopes:  Design:  Commissioning / Connection (Routine):  Construction / Commissioning / Connection (Non-Routine):  Project Management: | |