



**Siteworks Application Form
Investigation & Enhancements**

Please read the attached explanatory notes before completing this form

If you require any assistance in completing this form please contact us on 01737 859 499

Section 1 – Customer, Site & Correspondence Details

| | | | |
|--|-----------------------|------------------------|-----------|
| Customer Organisation <i>(Refer to page 4)</i> | | | |
| Customer Address | | | |
| | | | |
| Postcode | | | |
| Contact Details | Name | | |
| | Tel. Nos | T: | M: |
| | Email | | |
| Current Gas Supplier | Total Energies | Account Number: | |

| | | | |
|---|--|--------------------------------|-----------------------------|
| Quote Payee Information <i>(Refer to page 4)</i> | Will Payee be the end consumer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Registered Company Name of Payee | | | |
| VAT Registration Number of Payee (If applicable) | | CIS No. (If applicable) | |

| | | | |
|-----------------------------|-------------------------------------|-----------------------------------|--|
| Site Name | | | |
| Site Address | | | |
| | | | |
| Site Postcode | | | |
| Site Contact Name 1 | | | |
| Contact Tel. Numbers | T: | M: | |
| Email Address | | | |
| Site Contact Name 2 | | | |
| Contact Tel. Numbers | T: | M: | |
| Email Address | | | |
| Type of Site | Greenfield <input type="checkbox"/> | Existing <input type="checkbox"/> | Redevelopment <input type="checkbox"/> |

| | | | |
|--|---|-----------|--|
| Correspondence Details | | | |
| Correspondence Company Name | | | |
| Correspondence Full Address | | | |
| | | | |
| Correspondence Contact Name | | | |
| Correspondence Tel Nos. | T: | M: | |
| Correspondence Email | | | |
| Quote Recipient / Payee <i>Quotes are addressed to the Payee who will be responsible for submitting an acceptance & arranging payment.</i> | Tick the appropriate box to confirm who the quote should be addressed to Customer Organisation <input type="checkbox"/> Site <input type="checkbox"/> Contractor/Consultant <input type="checkbox"/> | | |
| | If selected, please provide recipient contact details within 'Section 5 - Additional Information' including Contact Name, Full Address, Tel Nos & Email | | |



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Section 2 – Work Details

| | | | |
|---|--|--|--|
| <p>Please tick the applicable work to be quoted below.</p> <p><i>*Please provide a scaled site plan showing the existing surrounding geography of the site and the existing/ proposed meter positions. This information is essential for all new services and relocations.</i></p> | | | |
| Service Pressure & Capacity Check (GT1) | | Pressure Increase | Chatterbox Install (Energy Management System Connection) |
| Other (inc. Automatic Meter Reading) | | | |
| Other Work Type Description: | | <i>(Please Specify Details in Section 5)</i> | |
| Preferred Date for Completion of Works (Not Binding) | | | |
| Is Continuity of supply required? | | Yes / No (If yes, please specify reason) | |

Section 3 – Existing Meter Point Details (if the work involves an existing Meter on site)

| | | | |
|---|--|------------------------------|--|
| Existing Hourly Load (kWh) | | | |
| New Total Hourly Load if different from above (kWh) | | | |
| Existing MPRN | | Existing Meter Serial Number | |

Section 4 Technical Information

| | |
|--|---|
| Estimated Total Annual Consumption (kWh) | |
| Maximum Hourly Consumption/Peak Instantaneous Demand (kWh) | |
| Minimum Hourly Consumption/ Peak Instantaneous Demand (kWh) while in use (this should not be zero) | |
| Is Meter Inlet Pressure required to be greater than 21mb? | Yes / No |
| If Yes please specify required pressure (mbar) | |
| Load Profile (please select one) (Refer to page 5) | Modulating /Process / Constant / CHP / ON-OFF |
| Meter Position (please select one) | External <input type="checkbox"/> Internal <input type="checkbox"/> Room if Internal _____ |
| Other Site Requests | |
| Site Induction /Risk Assessment / Method Statement <i>(Please provide clarification in Section 5)</i> | |
| Other <i>(Please Specify in Section 5)</i> | |



Section 5 – Additional Information

Please use this space to inform us of any additional requirements/constraints:

Please complete this form and return to:

TotalEnergies Gas & Power, Bridge Gate, 55-57 High Street, Redhill, Surrey RH1 1RX
email: strategic-client@totalenergies.com

If you require any further information please call our siteworks team on 01737 859 499

Section 1 Customer and Site Details (Site plans should always be provided with an application form)

Customer Organisation: This refers to the Gas Supplier contract account holder, which may be a parent or holding company. This is the actual end consumer of the gas supply. Please indicate your current or preferred gas supplier and also your account number if applicable.

Quote Payee Information: The Quote Payee is the party responsible for accepting and making payment for the gas sitework quote. This may be a different party to the Customer Organisation. i.e. when a contractor wishes to accept and pay for work on behalf of the Customer Organisation.

From 1st March 2021 'Domestic VAT reverse charges' are applicable for businesses within the Construction Industry Scheme who are VAT registered and paying for work to be carried out on a site where they are not the consumer. (See <https://www.gov.uk/guidance/vat-domestic-reverse-charge-for-building-and-construction-services>)

Site Name & Address: Refers to the location that gas supply/meter is required. It is essential that you supply a post code where possible. Please give details of a site contact person who will be able to provide access to the site should a visit be required.

Correspondence: Refers to the person/company requesting the quotation and to whom all future correspondence will be directed. Please note that this does not necessarily refer to the person/company who will make payment for the works. Please advise us in writing if you require this to be changed at any point. Please supply an email address where possible as this will assist greatly with communications.

Quote Recipient / Payee: Refers to the person/company named on the gas siteworks quote. The party named on the quote is the only party who can place an acceptance. We are unable to accept a payment from a person/company other than the party named on our quote.

Section 2 Work Details

Please choose from the following options and provide more information if necessary. This refers to the works that you wish us to quote you for.

Service Pressure & Capacity Check (GT1): Required to confirm the pressure tier and capacity at the emergency control valve. Additional information may be required in the event a service does not have sufficient capacity for the proposed installation.

Pressure Increase: Pressure alterations to existing meters.

Chatterbox Install: Required if you require a connection from the pulsed output of a meter to an Energy Management System. (Note, 3rd party devices are not permitted to be connected directly to the meter)

Other (inc. AMR): This is where you require any other meter features. Please note that we do not quote for any outlet pipework.

Preferred Date for Completion of Works: It is important to supply us with this date as it will help us to manage your project effectively. However, please note that this date is not binding in any way.

Is Continuity of supply required: Supply continuity will affect the design and hence quotation that will be provided

Section 3 Existing Meter Details

This section is applicable only if you require work to be done on an existing meter/service installation. Please provide details of the meter relevant to this enquiry only. If there are other meters on site, you may give details of these in the additional information section if you wish.

Existing Hourly Load: This is the existing gas load that is being used at present. Every gas appliance displays a badge rating, which supplies input and output readings. We require the total of all hourly input loads. Alternatively a Gas Safe registered plumber will be able to advise you on how to obtain this information.

New Total Hourly Load if different from the above: The new total requirements i.e. the existing load plus any additional load.

Existing MPRN: This is the unique reference number allocated to every service pipe installed. It can be found either tagged on the pipe or written on your gas bill. This information is essential.

Existing Meter Serial Number: This should be stamped on the meter and also written on your gas bill.



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Section 4 Technical Information

Estimated Annual Consumption: Is an estimate of how much gas will be used in a year. This should be the new total load.

Maximum Hourly Consumption: Is the maximum hourly load that will be used. Please add up the values of all the gas equipment that will be connected to the meter. These values can be found on either the actual appliance or obtained from the manufacturer. A Gas Safe registered engineer would be able to help if needed.

Minimum Hourly Consumption: Lowest gas appliance input required.

Meter Inlet Pressure less than 21mb: 21mb is standard low pressure. Please state if your manufacturers handbook on your appliance or/appliances requires a higher pressure. Please note that the pressure available is dependent on the gas mains present in your area.

Required Pressure: Please state the pressure required at the inlet of the meter and allow for any pressure drop across the meter and across the length of outlet pipework.

Load Profile:

| | |
|-------------------|--|
| Modulating | Most heating or cooking loads are modulating, however, if you are unsure please refer to manufacturer's handbook or a Gas Safe engineer. |
| Process | Where there is a continuous gradual change in use, i.e. Manufacturing Industry |
| Constant | Where the gas consumption remains unchanged 24/7 |
| CHP | (Refers to Combined Heat and Power). Additional information on the customers proposed Boosters & Compressors must be submitted with the application. |
| On/Off | Typically a single large appliance with short spans of thermostatically controlled demand |

Meter Position: Please state if the existing meter is located internally or externally. Please indicate the location on your site plan.

Other Site Requests: Please indicate if any additional site requirements we should be aware of either prior or after issue of a quotation.

Section 5 Additional Information

Please use this space to inform us of any site characteristics e.g. close proximity to railways/dual carriageways/ water courses etc, any building constraints, site regulations/ inductions or any other relevant information. Please confirm all site restrictions possible on day of working – i.e. Permits to Work, Safety Cards, Site Safety Inductions, PPE etc.