



Application for Natural Gas Installation

City of Statesboro
Natural Gas Department
58 East Main St., Suite B
P.O. Box 348
Statesboro, GA 30459
(912) 764-0693

Applicant Name: _____ Phone: _____

Account Number: _____ Residential Commercial Industrial

Service Address: _____ City _____ ZIP _____ Inside city limits <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> same as service address Billing Address: _____ City _____ ZIP _____
--	---

Site Contact: _____

Phone: _____ Email: _____

Tap Fee Reductions: (\$300.00 max) ___ Water Heater \$300.00 ___ Furnace \$150.00 ___ Dryer \$100.00 ___ Range \$100.00 ___ Light \$50.00 _____ \$ _____ Total Reductions: \$ _____	Standard Tap Fee: \$300.00 <i>*includes 100' of service line</i> Reductions: - \$ _____ Add'l Pipe: _____ ft @ _____ = \$ _____ Materials: \$ _____ Tax on materials: \$ _____ <input type="checkbox"/> see attached quote Total Due: \$ _____	Important: <ul style="list-style-type: none"> Account must be set up at City Hall and any necessary deposits must be paid. Piping must be pressure tested and inspected. City Building Inspector must witness the pressure test. If outside City limits, pressure test must be witnessed by Natural Gas Dept. After the above items have been completed, the gas meter can be unlocked for the installer to perform the initial light up and test appliances. <p style="text-align: right;">Building Inspector: (912) 764-0655</p>
---	---	---

By signing this application, I agree to the special provisions listed on the back of this form.

Accepted and agreed to by property owner: _____ Date: _____

<i>For office use only</i>	
Final Approval: _____	Date: _____
Form of Payment:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____ Check Number
<input type="checkbox"/> Credit /Debit	Date of Payment: _____ Received By: _____

For additional rebate and contractor information, please visit <http://www.rebaterally.com>

Special Provisions

This application is made subject to the following terms and conditions, to-wit:

The Applicant, his successors and assigns, agrees:

1. to pay to the City of Statesboro Natural Gas in accordance with the published schedule of fees and charges for the installation of the tap and service, and to furnish without charge an easement for any pipeline and appurtenances necessary for such installation, and for maintenance and repair thereof.
2. to comply with all rules, regulations and policies of the City of Stateboro Natural Gas and to pay the monthly natural gas bills as provided by the City of Statesboro Natural Gas in accordance with its regulations.
3. that the natural gas service line may be used to serve adjacent or nearby buildings upon written notice to the property owner.
4. to save and hold free of all damages the City of Statesboro Natural Gas resulting from the customer's use of the service line and natural gas service.
5. that in connection with the services to be performed the City of Statesboro Natural Gas shall not be liable for damages to the dwelling or to any property of the applicant by reason of any action on the part of the authorities of any other city, county or state government, or their duly authorized officers, agents, or employees.
6. that the City of Statesboro Natural Gas shall determine when and where tap and service is to be located.
7. to pay monthly bill for natural gas from the time gas service is initiated. If there is no usage undersigned agrees to pay minimum bill.
8. to post Street number or Box number in a prominent location, visible from Street or Road.
9. to install cut-off valve and drip leg immediately beyond gas meter, a cut off valve at every appliance and a drip leg at each major appliance.
10. to install and maintain all natural gas piping within the building and elsewhere on the customer side of the meter in accordance with the SBCCI policies and requirements. The City of Statesboro is not responsible for customers piping down stream of the meter. These lines with age and exposure to external forces can eventually leak and should be checked periodically by a licensed professional.