



Homebuilder
Preliminary Service Inquiry

Note: This is NOT an Application for New Gas Service

Date: _____

Property address: _____

Town _____ Block _____ Lot _____

Nearest Cross Street: _____

Property Owner Information:

Property Owner(s): _____

Mailing Address: _____

Phone Number: (____) _____ Cell Number: (____) _____

Fax Number: (____) _____ Email: _____

Builder Information (name): _____

Contact person: _____ Phone Number: (____) _____

Cell Number: (____) _____ Fax Number: (____) _____

Present State of Construction:

___ Not Started ___ Foundation ___ Framed ___ Enclosed

Living area square footage _____

Was there a prior demolition at the site? ___ Yes ___ No

Will there be modular construction? ___ Yes ___ No

Natural Gas Equipment: (Please check all that apply & insert associated Btu's)

___ Furnace, Boiler _____,000 Btu ___ Grill (Stub) _____,000 Btu
___ Water Heater _____,000 Btu ___ Pool Heater _____,000 Btu
___ Dryer _____,000 Btu ___ Generator _____,000 Btu
___ Range _____,000 Btu ___ Lamp _____,000 Btu
___ Fireplace/Log Igniter _____,000 Btu ___ Other: _____,000 Btu

Please mail or fax completed form; include a plot plan and sketch for service and meter location upon receiving your building permit application to:

New Jersey Natural Gas Company
Attn: Marketing Services
P O Box 1464
Wall, NJ 07719-1464

Fax: (732) 919-8081