

# PLEASE NOTE!

We need the following information to process your application for commercial new construction gas service:

- Two “scaled” copies of the utility page of your site plan.
- Site plan must clearly show your preferred location of your gas meter and any obstructions such as drainage fields and sewerage systems.

Send the completed application package with a \$15.00 application fee PER meter to:

**South Jersey Gas Company**

Attention: Commercial New Construction Sales

**1 South Jersey Plaza**

**Folsom, NJ 08037**



Thank you for your interest in natural gas. We look forward to serving you.

Following is a description of the steps necessary to facilitate natural gas service to your business should your application is approved.

1. Complete this Application for Service and Commercial Account Questionnaire and return it with your \$15 application fee payment to:  
South Jersey Gas  
New Construction Sales  
1 South Jersey Plaza  
Folsom, NJ 08037
2. Remember to CALL BEFORE YOU DIG – IT’S THE LAW! 1-800-272-1000
3. Provide 3 copies of your site plan for new construction.
4. Provide a copy of your mechanical or plumbing plan and a detailed list of your equipment, pressure requirements and projected gas loads.
5. Once your signed Application for Service is received, we will complete an onsite inspection and apply for any approvals and permits to run the main and/or service.
6. Clearly mark the exact meter location with a stake marked “Gas Meter” and check site for any obstructions to service installation. Obstructions must be clear or service installation will be delayed. Site must be at final grade.
7. Upon completion of service installation, you must contact our Builders Line at 609-561-9027 to schedule your gas meter installation within 90 days. Allow five to ten working days for installation. Equipment must be installed to include electricity. City inspection sticker must be at site. Be prepared to review all gas equipment and loads.

We will be pleased to answer any questions you may have to assist you with this process. Please contact our sales department during regular business hours, 8:00 a.m. to 4:30 p.m., Monday through Friday.

Or email us at [Sales@sjindustries.com](mailto:Sales@sjindustries.com).

Natural Gas New Construction and Conversion Sales :..... 1-866-429-3523  
Customer Service Hotline: ..... 1-888-766-9000  
Customer Service for Hearing Impaired TDD:..... 1-800-547-9085  
Emergency 24 Hour Gas Leak Hotline:..... 1-800-582-7060  
Energy Conservation: ..... 1-800-648-0138  
Call Before You Dig: ..... 1-800-272-1000  
Meter Set Hotline:..... 609-561-9027

South Jersey Gas  
1 South Jersey Plaza, Folsom, NJ 08037  
[www.sjindustries.com](http://www.sjindustries.com)

# **COMMERCIAL NEW CONSTRUCTION CHECKLIST**

**APPLICATION FOR GAS SERVICE**

Return the completed form.

**APPLICATION FEE**

Enclose your check for \$15.00 per gas meter.

**SITE PLAN**

Two (2) single page copies of site plan showing utilities.

**COMMERCIAL APPLICATION REQUIREMENTS FORM (included in this document)**

## **TYPE OF BUSINESS**

Single Store      Strip Mall      Restaurant      Office Building      Pump Station  
Clubhouse      Bank      Other\_\_\_\_\_

**AVERAGE SQUARE FOOTAGE OF HEATING AREA**\_\_\_\_\_

## **STATUS OF CONSTRUCTION (Circle one)**

Site Clearing      Foundation      Framed      Under Roof

**DATE WHEN GAS IS REQUIRED**\_\_\_\_\_

**Please attach construction schedule.**

**PLEASE NOTE:  
ALL INFORMATION MUST BE COMPLETE ON EACH SHEET, OR THE  
APPLICATION WILL BE RETURNED TO YOU AND WILL DELAY GAS  
SERVICE INSTALLATION.**

***For SJG Use Only:***

**To CCC – Attention Builder’s Reps**

From : Sales Representative: \_\_\_\_\_ Employee#: \_\_\_\_\_  
Date Received by Sales: \_\_\_\_\_ SJG Account Number: \_\_\_\_\_  
Date Submitted to CCC: \_\_\_\_\_ Security Deposit Amount: \_\_\_\_\_

**Commercial Account Request For Service**

Service Name: \_\_\_\_\_

Trading As: \_\_\_\_\_

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone No: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Business Type: Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Corporation or Partnership Registered In (State): \_\_\_\_\_

Federal Tax I.D. \_\_\_\_\_

Tax Exempt Status: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Billing Contact Person:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Home Addr: \_\_\_\_\_

Names of Officers/Partners/Owner

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Home Addr: \_\_\_\_\_

Drivers License No. & State: \_\_\_\_\_

Date Service Required: \_\_\_\_\_

Attorney’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Customer Owns or Rents Building/Unit (circle one): Owns Rents

Building Owner Information if customer rents:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

