



**Application for Elevated Pressure Approval**

Please fill out all applicable lines. If elevated pressure is requested, please include reason for request. Elevated pressure requests of more than 3 psig must include documentation from equipment manufacturer showing need for requested pressure.

Location: Facility Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Applicant: Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Plumbing Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address (inc. ZIP): \_\_\_\_\_  
License Number: \_\_\_\_\_

Facility: Building Square Footage: \_\_\_\_\_  
Existing Gas Load: \_\_\_\_\_ BTUH or MCFH Existing Delivery Pressure: \_\_\_\_\_ psig  
Proposed Total Load: \_\_\_\_\_ BTUH or MCFH Proposed Delivery Pressure: \_\_\_\_\_ psig

Note Reason for elevated pressure request if pressure is more than 7 inches WC:  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Form cannot be completed without signature.

**Note: Please include a site plan with this request.**  
Send completed request to appropriate Field Engineering office.

North Work Center  
7710 Durant Dr.  
P.O. Box 1103, Mail Code 2150  
Colorado Springs, CO 80947-2150  
Phone: 719-668-4985  
Fax: 719-668-4998

South Work Center  
1521 Hancock Expressway  
P.O. Box 1103, Mail Code 1821  
Colorado Springs, CO 80947-1821  
Phone: 719-668-5564  
Fax: 719-668-5956

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For office use only

Work Order Number(s) \_\_\_\_\_  
FE: \_\_\_\_\_ Phone: \_\_\_\_\_

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