



Colorado Springs Utilities
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Application for Elevated Pressure Approval

Please fill out all applicable lines. If elevated pressure is requested, please include reason for request. Elevated pressure requests above 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): _____

Email Address: _____

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 over 1/4 psig (7" WC):

Signature: _____ Date: _____

Form can not 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 Drive
 PO Box 1103, Mail Code 2150
 Colorado Springs, CO 80947-2150
 (719) 668-4985
 FAX (719) 668-4998

South Work Center
 1521 Hancock Expressway
 PO Box 1103, Mail Code 1821
 Colorado Springs, CO 80947-1821
 (719) 668-5564
 FAX (719) 668-5956

For office use only

Work Order Number(s) _____

FE: _____ Phone# _____
