

## APPLICATION FOR ELEVATED NATURAL GAS PRESSURE APPROVAL

Please fill out all applicable lines including reason for request. Elevated pressure requests **over** 2 psig must include documentation from equipment manufacturer showing need for requested pressure.

**Location:** Facility Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_

**Applicant:** Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant Email: \_\_\_\_\_

**Plumbing Co.:** Plumbing Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ License Number: \_\_\_\_\_

**Facility:** Existing Gas Load: \_\_\_\_\_ BTUH at \_\_\_\_\_ psig Delivery Pressure  
Proposed Gas Load: \_\_\_\_\_ BTUH at \_\_\_\_\_ psig Delivery Pressure  
Reason for elevated pressure request: \_\_\_\_\_  
\_\_\_\_\_

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

Email the completed request to [UtilityApplication@csu.org](mailto:UtilityApplication@csu.org) or as an alternate, send completed request to appropriate Field Engineering Office.

North Work Center  
7710 Durant Drive  
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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