**UIP Fastrack Request Form** *(FM138c)* **for Standard Cladding**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *To be completed in accordance with relevant SGN Business Rules and Terms & Conditions, as published by SGN for a ‘UIP Fastrack Request’ within the scope of Scotia Gas Networks Final Connections Agreement, which must be entered into to submit new requests to SGN. The use of this form should be ringfenced for 'Standard Cladding' works and should be pre-agreed with SGN - Please contact* [*SOE\_gtuip\_sgn@sgn.co.uk*](mailto:SOE_gtuip_sgn@sgn.co.uk) *before submitting an initial Cladding Request. Please refer to* [*SGN's website*](https://www.sgn.co.uk/gas-connections/connections-documents-and-charges) *for further information on SGN's Terms & conditions and SGN's suite of Briefing Notes.* | | | | | | | | | | | | | | | | | | | | |
| Date of Request: | /    / | | | | | | UIP Reference | | |  | | | | | | | | | | |
| UIP Name: |  | | | | | | | | | | |
| UIP Contact Name: | | | |  | | | | | | | |
| UIP Address: | |  | | | | | | | | | | GIRS REGISTRATION SCOPE | | | | | | | | |
|  | | | | | | | | | | | | CONFIRM THE NAME OF THE COMPANY RESPONSIBLE FOR  THE FOLLOWING ELEMENTS OF THE PROJECT | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | |
| Post Code: |  | | | | | | | | | | | Construction Commissioning: | | | |  | | | | |
| UIP Contact Telephone No: | | | | | | |  | | | | | Project Management: | | | |  | | | | |
| UIP Contact E Mail: | | | | |  | | | | | | | Final Connection: | | | |  | | | | |
|  | | | | | | | | | | | | CMOB/DMOB: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| A) Proposed Site Details | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Site Contact: | |  | | | | | | | | | | | | | Telephone No: | | |  | | |
| Site Address: | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Post Code: |  | | | | | | | | | | | | | | | | | | | |
| Type of Works: | | | | | | |  | | | | | | | | | | | | | |
| Type of Development: | | | | | | |  | | | | | | | | | | | | | |
| Single or Multiple Premises: | | | | | | |  | | | | | | | | | | | | | |
| Type of premises: | | | | | | |  | | | | | |  | | | | | | | |
| Number of premises: | | | | | | |  | | | | | | | | | | | | | |
| Connection Point: Easting       Northing | | | | | | | | | | | | | | | | | | | | |
| B) Proposed Load Details  The load details should not be altered or changed as part of this submission. | | | | | | | | | | | | | | | | | | | | |
| C) Existing Infrastructure Details *(Including details of the Existing Supply where an Alteration is required)* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Parent Main: | | | Diameter: | | |  | | | | | Material: | | |  | | | Pressure Tier: | |  |  | |
| Service: | | | Diameter: | | |  | | | | | Material: | | |  | | | Pressure Tier: | |  |  | |
| MPRN(s) information to be provided via Excel spreadsheet along with Easting and Northings for each supply.  Is there going to be an interruption of supply?  *If unsure, this will need to be confirmed upon completion of the works.*  *If Yes, the FM144 should be completed and submitted upon completion of the works.*  *If No, FM144 is not required.* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| D) Individual Plot /Service Details: | | | | | | | | | | | | | | | | | | | | |
| Information for each plot/service that will be altered under this request to be provided in an Excel spreadsheet. | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| E) Proposed plan dates: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Works on Site are anticipated to commence on: | | | | | | | | | /    / | | | | | *(Please note we are not able to accept ASAP as a response)* | | | | | | |
| Anticipated substantial completion: | | | | | | | | /    / | | | | | | *(Please note we are not able to accept ASAP as a response)* | | | | | | |
| Anticipated plan dates should be kept up to date with SGN Third Party Connections.  UIP to notify SGN for any delays/postponed plan dates | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Print Name & Job Title: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| PLEASE ENSURE YOU HAVE ENCLOSED A SUITABLY SCALED MAP, MPRN LIST AND PHOTO FOR EACH METER BOX  FOR MULTIPLE DEVELOPMENTS PLEASE ENSURE YOU HAVE SUPPLIED DETAILS FOR THE INDIVIDUAL PLOTS | | | | | | | | | | | | | | | | | | | | |
| PLEASE CHECK THIS FORM CAREFULLY BEFORE SUBMITTING AS ANY MISSING OR INCORRECT INFORMATION WILL RESULT IN YOUR REQUEST BEING DELAYED | | | | | | | | | | | | | | | | | | | | |