



Builder Service Application

(844-809-8921)

RETURN INSTRUCTIONS

Email

Newbusinessagent@nisource.com

Mail

NIPSCO • Residential New Business
801 E. 86th Ave • Merrillville, IN 46410

SERVICE REQUEST

- | | |
|---|--|
| <input type="checkbox"/> Temporary Electric | Estimated date site will be ready for temporary electric service _____ |
| <input type="checkbox"/> Permanent Electric | Estimated date site will be ready for permanent electric service _____ |
| <input type="checkbox"/> Permanent Gas | Estimated date site will be ready for permanent gas service _____ |

CUSTOMER INFORMATION

Company Name _____

Contact Person _____

Email Address _____ Phone Number _____

Mailing Address

Street _____

City _____

State _____ Zip _____

SERVICE INFORMATION

Service Address

Street _____

City _____

Subdivision Name _____

Lot # _____ State _____ Zip _____

County _____ Township _____

Total Square Footage _____

Distance from road ☐ Under 300 feet ☐ Over 300 feet

Job Status ☐ Foundation ☐ Framing ☐ Under Roof

Builder Schedule - *earliest day NIPSCO can install*

☐ Permanent electric _____
MM/DD/YYYY

☐ Permanent gas _____
MM/DD/YYYY



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FOR ELECTRIC SERVICE REQUESTED

Service Size

☐ 200 A ☐ 320 A ☐ 400 A Other _____

Service Type

☐ Overhead ☐ Underground

FOR GAS SERVICE REQUESTED

Expected Delivery Pressure (NIPSCO engineer will help confirm final correct delivery pressure)

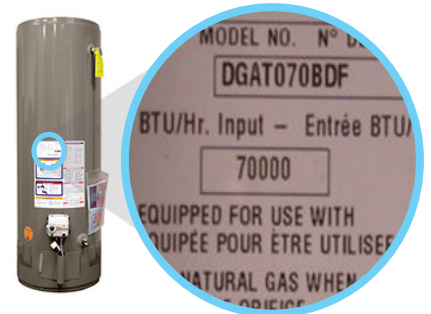
☐ 6.5" Water Column ☐ 2 PSIG Other _____

Total Connected Load

Please enter the quantity of each appliance type. For other appliance types, please enter the quantity and average Btu/hr information.

Appliance	Quantity	Average Btu/hr	Total Btu/hr
Furnace(s)			
Hot Water Heater(s)			
Tankless Hot Water Heater			
Stove/Range			
Gas Fireplace(s)			
Gas Pool Heater			
Garage Heater			
Back Up Generator			
Other			
Total Connected Load			

Look for the Btu/hr. input on your appliance



SIGNATURE *Please enter name of person submitting NIPSCO Service Application*

The undersigned represents that (1) they are authorized to submit this information on behalf of the Customer, and (2) that Customer is requesting that NIPSCO proceed based on the information provided in this Application. Notice: You may be contacted and required to submit additional load information prior to determining if a deposit will be required for your requested service.

Signature _____ Date _____



Buried Hazards Form

To Return

Email: Newbusinessagent@nisource.com
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801 E. 86th Ave • Merrillville, IN 46410

Service Address Site Contact for utility/facility/hazard locating

Service Address Site Contact Name _____ Phone Number _____

This may be someone other than the customer such as a contractor, builder, etc. This person could be the customer if the customer is coordinating/overseeing the project.

Customer

Name _____ Date _____ Phone Number _____

Mailing Address

Street _____

City, State, Zip _____

Service Address

Street _____

City, State, Zip _____

Buried hazards buried or concealed utilities, facilities, or hazards are as follows:

Buried Facilities	In Path	On Property	Does Not Exist
Well, Water Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain, Field Tile, Dry Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Fuel, Oil Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank / Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weed Barrier / Fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buried Structures / Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invisible Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stumps, concrete, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The above facilities or hazards will be marked, located, protected, or exposed (preferred method), by the property owner or his designees as follows: ☐ Located ☐ Exposed ☐ Protected ☐ Other please describe below:



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Buried hazards continued

Describe depth, location, or other pertinent information of indicated buried utilities, facilities, hazards:

Other identified objects that may need to be moved/removed for construction, (fences, material, equipment, etc.):

Signature

The undersigned represents that he/she is the owner of the real property identified as the Service Address and/or is authorized to execute this form and make the representations and warranties set forth herein for myself and on behalf of any other persons who have an ownership or leasehold interest in the Service address ("Property Owner"). Property Owner, and/or his/her duly authorized representative represents and warrants that that Property Owner has consulted with all necessary parties that may have knowledge of, or that may operate any underground, buried or concealed utilities, structures, facilities, objects, or hazards (collectively "Buried Facilities") to discover, locate and mark any Buried Facilities. In addition, the Property Owner or his/her duly authorized representative has also consulted with the Homeowner's Association (HOA), Subdivision Plat Map on file with the local City or County zoning department, or the developer, as applicable, to determine the location of all Buried Facilities at the Service Address and that all Buried Facilities have been located and are clearly marked and identified.

On behalf of the Property Owner, the undersigned further represents and warrants that this form has been properly and accurately completed with respect to identification of Buried Facilities at the Service Address and that Northern Indiana Public Service Company ("NIPSCO") has a right to rely upon the information provided by or on behalf of the Property Owner on this form. Further, in exchange for NIPSCO performing the work set forth below, on behalf of the Property Owner, the undersigned to the extent allowed by law, hereby releases, waives and agrees to hold harmless NIPSCO, its affiliates, agents and employees, from any and all liability, claims, causes of actions, demands or damage brought by any person or entity relating to or arising from damage to any of the Buried Facilities.

Description of work to be performed by NIPSCO:

Signed property owner or authorized

Date _____