

ASSET VALUATION REQUEST FORM

(Please note – Each CSEP / POC needs to be independently calculated, therefore please treat each CSEP / POC as a separate application which the UIP / ICP can then amalgamate to form its own total asset value for the project)

1. UIP / ICP DETAILS

Company Name:		Contact Name:	
Address:		Contact Job Title:	
		Telephone:	
		Mobile:	
Post Code:		Email:	

2. SITE DETAILS

Site Name:		No of Plots:	
Address:		Estimated Start Date:	
		Estimated End Date:	
		Date for Temp Supply: (if applicable)	
Post Code:		Grid Ref for Plot No 1: (if available)	

3. DOMESTIC PLOT DETAILS

Plot Types								Heating		
No of Bedrooms	Detached	Semi-detached	Terraced/ Town House	Bungalow	Flat	Other (please specify)	TOTALS	Electrically Heated		Gas Heated
								Direct Acting (kW)	Off Peak Acting (kW)	
1										
2										
3										
4										
5										
6+										
							TOTAL			

4. COMMERCIAL GAS

Unit/Plot No	Unit/Plot Type (*Industrial/Public)	Floor Area of Building (m2)	Hourly Load (kWh)	Annual Load (kWh)	Gas Usage (m3/hr)	Meter Inlet Pressure required (eg 20.75 mbar)	Preferred Meter Location (Int/Ext)	Process Loads (y/n)
TOTAL								

4a. COMMERCIAL ELECTRIC

Unit/Plot Number	Unit/Plot Type * (Public/Industrial)	kVA required
TOTAL		

* Providing detail on anchor tenants and or confirming end user can affect the level of investment e.g. Public buildings such as schools and hospitals are more secure than speculative industrial retail parks.

Please continue on separate sheet if required

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MOTORS							
		Largest Motor Single Phase			Largest Motor Three Phase		
Number of Motors	Total Motor Load kW	kW	Starting Method (DOL/Star-Delta/Soft Start)	Starting Frequency (starts per hour)	kW	Starting Method (DOL/Star-Delta/Soft Start)	Starting Frequency (starts per hour)

LIFTS			
Total Number of Lifts	Type (standard/hydraulic)	Phase (Single or Three)	Total Installed Load kW

Please continue on separate sheet if required

5. PUMPING STATION

Is there to be a pumping station on the site?		Y <input type="checkbox"/>	N <input type="checkbox"/>	If YES, are the electric load requirements available? If YES, please complete the following		Y <input type="checkbox"/>	N <input type="checkbox"/>
Phase	Single <input type="checkbox"/>	Three <input type="checkbox"/>	kW	Starting Method (DOL/Star-Delta/Soft Start)	<input type="checkbox"/>	Starting Frequency (starts per hour)	<input type="checkbox"/>

6. ADDITIONAL INFORMATION

WAYLEAVES/EASEMENTS/CONSENTS – Are there any wayleaves; easements or consents required to lay the utility either to or on the site (if Yes, please identify on the Site Plan)		Y <input type="checkbox"/>	N <input type="checkbox"/>
FLATS – TIMBER FRAMED – Are there any flats on the site which are timber framed		Y <input type="checkbox"/>	N <input type="checkbox"/>
FUTURE DEVELOPMENTS – Please give details of any future developments where capacity may need to be allowed for			
LOCAL FEATURES – Are there any of the following in the locality of the project (these could have an impact on the connection to the site)		Rail Lines <input type="checkbox"/>	High Pressure Pipelines <input type="checkbox"/>
		Waterways <input type="checkbox"/>	Bridges <input type="checkbox"/> Underpasses <input type="checkbox"/>
GAS and ELECTRIC SUPPLIER – If you already know your gas and electricity supplier please provide details			

7. ANY OTHER COMMENTS

If you require any assistance please phone 01359 243376

Please submit completed form to uips@gtc-uk.co.uk