



UBC Energy and Water Services
 2040 West Mall, Vancouver, BC V6T 1Z2
 Tel: (604) 822-9445 Fax: (604) 822-8833

UTILITY SERVICE ACTIVATION REQUEST

Part 1. INSTRUCTIONS

- Operation of all UBC Energy and Water Services (EWS) valves is to be performed by UBC EWS staff only.
- Written Activation Request must be submitted to UBC EWS 24 hours in advance of requested activation date.
- Contractor to ensure: all required inspections have been completed, the service is safe to activate, and the test results are attached. All changes to Steam & Condensate Systems must be signed off by consulting engineer.
- All service valves must be located and made accessible by contractor.
- UBC EWS is not responsible for any part of the installation beyond the demarcation point of service.
- Submit Activation Request to UBC EWS (address & fax # above) to the attention of the Manager, Mechanical Distribution Services.

Part 2. REQUESTOR INFORMATION

Project Name: _____ Contractor or UBC Dept.: _____

Project Address: _____ Contact Name: _____

Title: _____ Contact Phone #: _____ Date: _____

Type of Service (check one): GAS () WATER () STEAM () DISTRICT HEATING () ETS ()

Size of Service: _____ Signature of Requestor: _____

Location of Service: _____

Date and Time of Requested Activation: _____

WATER: Activation purpose:

Temporary water supply **Testing**

Permanent water supply:

Meter & Remote reader/BMS installed Backflow device(s) installed (submit test reports to UBC Utilities with request)

ATTACHED: Chlorination Test Results Pressure Test Results Microbiological (total coliform & E. coli) test results

Engineer of Record (name & signature) _____

(required for permanent connection and at discretion of UBC Utilities for temporary supply)

GAS: Provincial Gas Permit Number: _____ Gas Pressure: _____

DISTRICT HEATING: ATTACHED: Pressure Test Results

Boiler Safety Authority Registration Number: _____

STEAM: Boiler Safety Authority Registration Number: _____

Part 3. UBC Utilities Office Use Only

Date Request Received: _____ W.O. No. _____

Received By: _____ Authorized by: _____

Activated By: _____ Date Activated: _____

Comments: _____