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| **ubclogo_black** | **UBC Energy & Water Services**  **2040 West Mall, Vancouver, BC V6T 1Z2**  **Tel: (604) 822-9445 Fax: (604) 822-8833** | **UTILITY SERVICE CONNECTION APPLICATION** |

**Part 1. INSTRUCTIONS**

* Application is required for any new or substantially modified connection to UBC's utility systems. There is no fee for this application.
* Fill in Part 2 for all requests. Fill in Parts 3 and/or 4 as applicable.
* **This *Service Connection Application* shall be considered approved when an authorized UBC *Building Permit* is obtained**.

**Part 2. REQUESTOR INFORMATION**

UBC Contract Administrator or UBC Project Manager

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Manager, name & Dept.  (e.g. C&CP DM, UBCPT Manager, UBC Plant Ops, Housing) | |  | | Telephone |  |
| Fax |  |
| Email |  |
| **Project Name/Title/Description** | |  | | Project No. |  |
| Gross Building Area (m2) | |  | | Date BOG Approval Obtained (month, year) |  |
| Total Impervious Area (m2) | |  | |
| Date Requested |  | # of residential units |  | Highest UBC Board of Governors Approval (Pre-board,1,2,3 or 4) |  |

**Part 3. MECHANICAL SERVICES: WATER, SANITARY, STORM, GAS, and DISTRICT HEATING**

**Part 3 (a). Water Distribution.** Water service to meet requirements of UBC Technical Guidelines Division 2, Section 02660.

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| Installation by (Contractor Company or UBC Department) | |  | | | | | Telephone | | | |  | |
| Primary Contact | |  | | | | | Fax | | | |  | |
| Email | | | |  | |
| Design by (Company) |  | | | | | | | Telephone | | |  | |
| Primary Contact |  | | | | | | | Fax | | |  | |
| Email | | |  | |
| Drawings Attached?  Yes No  Later | Net Incr in Water FU’s | | |  | Any Flush Valves? (Yes/No) | | | | Irrig. Flow (L/s) |  | Sprinkler & Hose Fire Flow Demand (L/s) |  |
| Total Water FU’s | | |  | Peak Domestic Water Consumption (L/s) |  |
| Temporary Water Service (e.g. for  Construction Site) (Yes/No) | | |  | | | Note: temporary water connection service must come off service stub to project. For Temporary Water Connection Permit apply to EWS. | | | | | | |

**Part 3 (b). Storm Sewer and Sanitary Sewer: Consultant & Design Data**

Service to meet requirements of UBC Technical Guidelines Division 2: Section 02720 for Storm, and Section 02730 for Sanitary.

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| Design by (Company) | | | | | |  | | | | | | | | Telephone | | | | | |  | | | | | |
| Primary Contact | | | | | |  | | | | | | | | Fax | | | | | |  | | | | | |
| Email | | | | | |  | | | | | |
| Storm Drawings Attached? (Yes / No / Later) | | | | | | |  | | | Stormwater Control Plan Attached? (Yes / No / Later / Not Required) | | | | | | | | | | | | |  | | |
| Lot Area  (m2) |  | | Total of roof horizontal projection area, 50% of lar-gest vertical area adjacent to roof and paved area | | | | | | | | | | | | | |  | | Run-off  coefficients | | | Predeveloped | | |  |
| Postdeveloped | | |  |
| Time of concent-ration Tc (min) | |  | | 10 year rain-  fall (mm/h) | | | |  | Peak storm  load (L/s) | | | |  | | | Footing drain  load (L/s) | | | |  | Pumped storm  load (L/s) ***Note 1*** | | |  | |
| Sanitary Drawings Attached? (Yes / No / Later) | |  | | | Net increase in sanitary FU’s | | | | | | |  | | | Peak sanitary  load (L/s) | | |  | | | Pumped sanitary  load (L/s) ***Note 1*** | | |  | |
| Total sanitary FU’s | | | | | | |  | | |
| Any new or modified food  preparation facilities?(Yes /  No). If yes, then describe. | | | | |  | | | | | | Any Biological, Chemical or Radioactive Wastes to be discharged to sanitary? (Yes / No). If yes, then describe. | | | | | | | | | |  | | | | |

***Note 1*:** Only under unique circumstances pumping into UBC network will be considered. A prior request for permission to pump into UBC network shall be submitted to UBC Energy & Water Services (see UBC Technical Guidelines, Section 02720, Clause 2.5.7 and Section 02730, Clause 2.5.6).

**Part 3 (c). Gas and District Heating**

* Service to meet requirements of UBC Technical Guidelines Div. 2, Section 02685 (gas) and Div. 15, Section 15004 (District Heating).

**Gas Distribution**

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| Contractor or UBC Dept (must have gas contractor license) | | |  | | | Telephone | | |  | | | |
| Fax | | |  | | | |
| Contractor Primary Contact | | |  | | | Email | | |  | | | |
| Design by (Company) | |  | | | | Telephone | | |  | | | |
| Fax | | |  | | | |
| Designer Primary Contact | |  | | | | Email | | |  | | | |
| Required overpressure to building downstream of meter (kPa) |  | | Peak Gas Load based on all gas equipment in building (m3/hour) | |  | | Average or typical estimated yearly gas consumption (m3/year) | | | |  | |
| Sum of Nameplate Loads of all gas appliances (m3/hour) | | |  | Nameplate Load of the largest gas appliance (m3/hour) | | | |  | | Diversification Factor (%) | |  |

**District Heating**

* Cascade heat exchangers as per UBC Technical Guidelines
* Summer supply temperature = 70° C, winter peak supply temperature = 115° C.

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| Contractor or UBC Dept | |  | | Telephone | |  | |
| Fax | |  | |
| Contractor Primary Contact | |  | | Email | |  | |
| Design by (Company) |  | | | Telephone | |  | |
| Fax | |  | |
| Designer Primary Contact |  | | | Email | |  | |
| Peak design district heating load (**bldg. heating**) based on all equipment in building (kW) | | |  | | Average or typical estimated yearly district heating consumption (kW/year) | |  |
| Peak design district heating load (**domestic hot water**) based on all equipment in building (kW) | | |  | |

* **Fax or mail request to UBC EWS (address & telephone at top of 1st pg) to attention of Manager, Mechanical Utilities.**
* Campus Planning & Development additionally requires a Plumbing Permit for any modification or connection to water distribution, sanitary sewer, or storm sewer as per B.C. Building Code (Plumbing). Contact C&CP Regulatory Services at (604) 822-8228.
* B.C Gas/Boiler Safety Branch (Act) required permits and inspections are the responsibility of the project team.

**Part 4. ELECTRICAL SERVICE**

|  |  |  |  |  |  |  |  |  |  |
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| Contractor or UBC Dept (must have electric contractor license) | | |  | | | Telephone | |  | |
| Fax | |  | |
| Contractor Primary Contact | | |  | | | Email | |  | |
| Electrical Design by (Company) | |  | | | | Telephone | |  | |
| Fax | |  | |
| Designer Primary Contact | |  | | | | Email | |  | |
| **Connected Load** | | **Demand Load:** | | | | | Planned Permanent Service Connection Date (month/year) | |  |
|  | kVA |  | | | kVA | |
|  | kW |  | | | kW | |
|  | Phase | If Yes, attached requirements. Temporary Service Required? (Yes / No) | |  | | | Planned Temporary Service Connection Date (month/year) | |  |
|  | Wire |
|  | Voltage |

* B.C Electrical Safety Branch (Act) required permits and inspections are the responsibility of the project team.
* Electrical service to meet requirements of UBC Technical Guidelines Division 2, Section 02800.
* **Fax or mail request to UBC EWS (address & telephone above) to attention of Electrical Technical Specialist**.