## Leep Utilities





Your Details					
Company:					
Address:					
		Postcode:			
Control None					
Contact Name:	Telephone Number:				
Email Address:					
Project Details					
Site Name:					
Address:					
Postcode:					
Supplies Required:	Electricity	Gas	Water		
Development Type:	Domestic	I&C	Mixed Use		
Project Start Date:		Anticipated Contractor Start Date:			
Expected Energisation/	Electricity	Gas	Water		
Energisation/ Connection Date:					
Number of Build Years:					



Le	ep
Incumbent:	

Host DNO:	Local Distrib	oution Zone:	Clean	Water Incumbent	: Waste Wa	er Incumbent:	
Electricity							
Point of Connection Voltage: EHV HV LV			Notes:				
Total Site Load i	n kVA:		•				
Details of any ge	eneration on the	project (e.g.F	PV/CHP):				
Gas							
Gas Load (KWh) AQ: Peak:			Pressure Tier: LP MP IP				
Water			1				
Water Point of (	Connection Size:						
Details of any su	ırface water/dra	inage and aba	atement				
Are pumping stations present? How may Yes No		How many?	y?		Size?		
Commercia	l Property S	Schedule					
Unit name or number Property type (i.e. restaurant, office, end user name if possible)			ric load	Metering HV/LV	Gas load KWh		
		ıser	,		AQ	Peak	



Domestic Property Schedule						
Number of domestic properties:						
Number of domestic properties to be electrically heated:						
Property Type	1 bed	2 bed	3 bed	4 bed	5 bed	6 bed
Flat						
Terrace						
Semi-detached						
Detached						
Bungalow						
Is build plan available? Yes No If yes, please attach to submission						
Number of blocks of flats:						
Electric landlord supplies:						
Landlord supply in kVA:						

## **Additional Information**

Please use the box below to supply additional information you have regarding the project, e.g. operational hours, prospective tenants, brief scope of works i.e. number of substations/governors

Completed forms can be sent to: Matt Ling

Email: mling@leeputilities.co.uk Tel: 07388 993 991