

## Crown Energy Multi Utility Quote

### Enquirer Details (Section 1):

ENQUIRER NAME:		JOB TITLE:	
COMPANY NAME:			
ADDRESS:			
		POSTCODE:	
TEL. DAYTIME:		EVENING:	
FAX:		EMAIL:	

### Site Details: (Section 1.1):

SITE CONTACT:		NO OF PLOTS/UNITS:	
SITE NAME:			
SITE ADDRESS:			
		POSTCODE:	
TELEPHONE:		EMAIL:	
FAX:		SITE START DATE:	
HAVE YOU OBTAINED ANY OTHER QUOTES?	YES		DATE 1 <sup>ST</sup> CONNECTION DUE:
	NO		MAINS AROUND WHOLE SITE DUE DATE:
CONSTRUCTION DETAILS:	NEW BUILD:		EXISTING PROPERTY:
TYPE OF SITE:	BROWNFIELD:		GREENFIELD:

### Utility Requirements (Section 2): (Please insert amount required below)

DOMESTIC:		COMMERCIAL:		INDUSTRIAL:	
GAS:		WATER:		ELECTRIC:	
NEW CONNECTIONS:		ALTERATIONS:		DISCONNECTIONS:	
STREET LIGHT CONNECTIONS:		NEW METERS:		METER REMOVALS:	

DO REQUIRE ONSITE EXCAVATION TO BE INCLUDED IN YOUR QUOTE?	YES		NO	
WHAT IS THE GROUND TYPE?				
ESTIMATED SERVICE LENGTH ACROSS PRIVATE LAND ONLY IN WHOLE METERS:				

**Temporary Builders Supply: (Section 2.1):**

ELECTRIC:	YES		NO		NUMBER OF SUPPLIES:	
WATER:	YES		NO		NUMBER OF SUPPLIES:	
SINGLE PHASE/ 3 PHASE?				FLOW RATES:		KVA:

**Property Details (Section 3):**

(Please tick any applicable)

PROPERTY TYPE	1 BED	2 BED	3 BED	4 BED	5 BED	OTHER	GAS HEATED	ELECTRIC HEATED
FLAT (See Section 3.1)								
TERRACE								
SEMI DETACHED								
DETACHED								
BUNGALOW								
UNIT								
OTHER								

**Flats (Section 3.1)**

HOW MANY FLATS IN EACH BUILDING BLOCK?	BLOCK 1	BLOCK 2	BLOCK 3	BLOCK 4	BLOCK 5
DO YOU REQUIRE INDIVIDUAL SERVICES OR A BULK SUPPLY IN A COMMUNIAL METER ROOM?					

**Landlords Supply (Section 3.2)**

DO YOU REQUIRE A LANDLORDS SUPPLY?	YES		NO	
LANDLORD WATER SUPPLY:	YES		NO	NUMBER OF SUPPLIES:
LANDLORD ELECTRIC SUPPLY:	YES		NO	NUMBER OF SUPPLIES:
SINGLE PHASE/ 3 PHASE?	KVA:			FLOW RATES:

**Meters (Section 4):**

FOR DISCONNECTIONS & METER REMOVALS PLEASE PROVIDE YOUR ENERGY SUPPLIERS:		
GAS:	ELECTRIC:	WATER:

WE WILL ALSO NEED A LETTER OF AUTHORISATION FOR EACH SUPPLIER TO ALLOW US TO SPEAK TO THEM

THIS INFORMATION CAN BE FOUND ON YOUR BILL

MPAN NUMBER(S) (ELECTRICITY)

MPRN NUMBER(S) (GAS)

[Do You Require Your Meter To Be \(Section 4.1\):](#)

INTERNAL		EXTERNAL		SURFACE MOUNTED		SEMI CONCEALED	
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[Loadings \(Section 5\):](#)

[Domestic Details \(Section 5.1\)](#) please complete loads for development as a whole:

GAS:	KILOWATTS PER HOUR:
WATER:	FLOW RATES LITRE/SEC:
ELECTRIC:	KVA:

[Lift/Motor/Pump](#)

LIFT	MOTOR	PUMP	NO. REQUIRED	PHASE		KVA	MOTOR SIZE (KW or HP)	TYPE OF STARTER (e.g soft)	STARTING CURRENT
				SINGLE	THREE				

[Fittings Schedule.](#)

TYPE OF FITTING	EXISTING FITTINGS SCHEDULE				NEW FITTINGS SCHEDULE				
	PLOT 1	PLOT 2	PLOT 3	PLOT 4	PLOT 1	PLOT 2	PLOT 3	PLOT 4	
W/C FLUSHING									
WASH BASIN IN HOUSE									
WASH BASIN ELSEWHERE									
BATH (TAP SIZE 20MM)									
BATH (TAP SIZE > 20MM)									
SHOWER									
SINK (TAP SIZE 15MM)									
SINK (TAP SIZE > 15MM)									
SPRAY TAP									
BIDET									
DOMESTIC APPLIANCE									
COMMUNAL/COMMERCIAL APPLIANCE									
ANY OTHER WATER FITTING									
DO YOU REQUIRE A FIRE SUPPLY?					YES			NO	
ARE YOU INSTALLING ANY TYPE OF WATER STORAGE?			YES		IF YES, HOW MANY LITRES?)			NO	

[Commercial or Industrial Details \(Section 5.2\)](#)

[Water Information:](#)

UNIT/PLOT NUMBER	PEAK FLOW RATE	AVERAGE FLOW RATE	LITRES PER SECOND/PER PLOT	PIPE SIZE REQUIRED (IF KNOWN)

[Gas Information:](#)

UNIT/PLOT NUMBER	GAS FLOW RATE AQ (KWH)	GAS FLOW RATE PEAK (KWH)

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**Electricity Information:**

UNIT/PLOT NUMBER	CAPACITY (KVA)

**Heating Details:**

TYPE OF HEATER	TOTAL NO. OF HEATERS	TOTAL ELEC. LOAD OF HEATERS	THE ELECTRICAL LOAD EACH OF HEATER IS GIVEN IN KILOWATTS (KW). THIS INFORMATION CAN BE FOUND ON THE HEATER LABEL. YOUR ELECTRICIAN WILL ALSO BE ABLE TO HELP.
DIRECT ACTING HEATERS (PANEL, FAN, CONVECTOR)			
STORAGE HEATERS			
WATER HEATERS			

**Lift/Motor/Pump Details:**

LIFT	MOTOR	PUMP	NO. REQUIRED	PHASE		KVA	MOTOR SIZE (KW or HP)	TYPE OF STARTER (e.g soft)	STARTING CURRENT
				SINGLE	THREE				

**Additional Details About Build (Section 6):**

HAS FULL PLANNING PERMISSION BEEN GRANTED?	YES		REF. NUMBER:		NO	
IS THE BUILD FULLY WATER TIGHT?	YES		NO		(IF NO) DATE EXPECTED TO BE:	
IS SCAFFOLD DOWN WITHIN 2M OF DIG REQUIRED?	YES		NO		(IF NO) DATE EXPECTED TO BE:	
IS THE BUILD PART OF A FUTURE DEVELOPMENT?		YES		NO		
IS YOUR BUILD ON CONTAMINATED LAND?		YES		NO		
IS GROUND INVESTIGATION SURVEY AVAILABLE?		YES		NO		
WILL YOUR SUPPLY NEED TO CROSS THIRD PARTY LAND?(PROVIDE A PLAN TO SHOW 3 <sup>RD</sup> PARTY LAND)		YES		NO		
IS GENERATION REQUIRED? (PROVIDE FULL DETAILS IN SECTION 9)		YES		NO		
DO YOU REQUIRE FIRE MAINS?(PROVIDE FULL DETAILS IN SECTION 9)		YES		NO		
DO YOU REQUIRE FIRE SPRINKLERS? (PROVIDE FULL DETAILS IN SECTION 9)		YES		NO		

**Documentation Checklist Required For The Quotation (Section 7):**

LOCATION PLAN WITH SITE BOUNDRY HIGHLIGHTS & INCLUDING TWO EXISTING STREETS	
PREFERRED UTILITY ROUTES FROM SITE BOUNDRY	
SITE LAYOUT	
METER POSITIONS (HIGHLIGHTING EXISTING OR REQUIRED & INCLUDING LANDLORDS)	
LOCATION OF TEMP SUPPLIES (E.G: SITE CABIN)	
SUBSTATION LOCATION(S) (IF APPLICABLE)	
GAS GOVENER LOCATION(S) (IF APPLICABLE)	
ALL FLOOR PLANS (FOR FLATS/CONVERSIONS ETC)	

**PLEASE NOTE ALL DRAWINGS MUST BE TO SCALE & IN .DWG OR PDF FORMAT (Section 7.1)**

IF YOU REQUIRE HELP WITH YOUR LOADINGS ETC, PLEASE CONTACT YOUR ELECTRICIAN OR PLUMBER.

ARE SITE ROADS BEING ADOPTED BY HIGHWAYS?	YES		NO	
DOES YOUR PROJECT REQUIRE NOTIFICATION UNDER THE CONSTRUCTION (DESIGN & MANAGEMENT) (CDM) REGULATIONS 2007?	YES		NO	

(If yes, please see Section 8) FOR GUIDANCE ON CDM PLEASE GO TO [WWW.HSE.GOV.UK](http://WWW.HSE.GOV.UK)

**CDM Coordinator (Section 8):**

NAME:		JOB TITLE:	
COMPANY NAME:			
ADDRESS:			
		POSTCODE:	
TEL. DAYTIME:		EVENING:	
FAX:		EMAIL:	

**Principal Coordinator (Section 8.1):**

NAME:		JOB TITLE:	
COMPANY NAME:			
ADDRESS:			
		POSTCODE:	
TEL. DAYTIME:		EVENING:	
FAX:		EMAIL:	

**Details About Quote Requirements (Section 9)**

DO YOU REQUIRE A FORMAL QUOTE?		DO YOU REQUIRE A BUDGET QUOTE?	
DATE QUOTE IS REQUIRED BY:			
I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE:			
SIGNED:			DATE:
PRINT NAME:			

**ANY OTHER ADDITIONAL COMMENTS/INFORMATION (Section 10)**