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| **Project/Tenant Information** | | | | | | | |
| Design-Build projects shall submit Application for Connection as determined by the Port PM/CM (It is encouraged that submittal milestones be established in PDD)  Design-Bid-Build projects shall submit Application for Connection at all project milestones (30%/60%/90%/100%)  **No connection to the utility shall be established without an approved Application for Connection** | | | | | | | |
| **Date:** | Click or tap here to enter text. | | **CIP #:** | Click or tap here to enter text. | | **Mandatory Project ID#:** | Click or tap here to enter text. |
| **Project Title:** | Click or tap here to enter text. | | | | | **% Design Complete:** | Click or tap here to enter text. |
| **Project Description:** | Click or tap here to enter text. | | | | | | |
| **Airport Tenant Company:** | Click or tap here to enter text. | | | | | | |
| **Contact Person:** | Click or tap here to enter text. | | **Phone:** | Click or tap here to enter text. | | **Fax:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | | | | | |
| Street City State Zip Code | | | | | | |
| **Port Line of Business Representative:** | Click or tap here to enter text. | | | | | | |
| **Location of Service:** | Click or tap here to enter text. | | | | | | |
| **POS Project Manager:** | Click or tap here to enter text. | | | | | **Phone:** | Click or tap here to enter text. |
| **Design Firm:** | Click or tap here to enter text. | | | | | | |
| **Design Project Manager:** | Click or tap here to enter text. | | | | | **Phone:** | Click or tap here to enter text. |
| **Lead Design Engineer:** | Click or tap here to enter text. | | | | | **Phone:** | Click or tap here to enter text. |
| **Project Presented to the Mechanical System Design Review Committee on:**  If you have not presented to the Mechanical System Design Review Committee and would like to schedule a time on the agenda, please go to: <https://portseattle.sharepoint.com/sites/avficommittee/SitePages/Home.aspx> or email [AVCommittees@portseattle.org](mailto:AVCommittees@portseattle.org) | | | | | | | Click or tap here to enter text. |
| **Documents Provided/\*Required** | | | | | | | |
| HVAC Load Calculations | | General Arrangement Drawing | | | System Line Diagram | | |
| Piping System Pressure Drop Calcs | | Elevation Drawings | | | DDC Control Sequences/Diagrams | | |
| HVAC System Pre-Balance Report | | Detail Drawings of Connection Points | | | Smoke Control Sequences/System Diagrams | | |
| Catalogue Cuts of Proposed Equipment | | Other: Click or tap here to enter text. | | | | | |

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| **CHILLED WATER SYSTEM CONNECTION: (42F EWT – SUMMER; 52F EWT – WINTER)** | | | | | | |
| **Connected Pump**: Click or tap here to enter text. | | | | | | |
| **Service Connection *(identify proposed connection location(s) with pipe sizes) (attach drawing)*** | | | | | | |
| **Equipment ID:** | **Description (air handling unit, fan coil, ac unit, etc.)** | **Location (main terminal, concourse, etc.)** | **Level (STS, Ramp, etc.)** | **Cooling Load (MBH)** | **Flow Rate (GPM)** | **Comments:** |
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| **AIR HANDLING UNIT CONNECTION** | | | | | | |
| **Service Connection *(identify proposed connection location(s) with DUCT sizes) (attach drawing)*** | | | | | | |
| **Equipment ID:** | **Description (air handling unit, etc.)** | **Existing Airflow (CFM)** | **Proposed Airflow (CFM)** | **Motor Full Load Amps (AMPS)** | **Proposed Motor Load (AMPS)** | **Comments:** |
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| **VAV SYSTEM CONNECTION (LIST BOTH NEW AND DEMO BOXES)** | | | | | | | |
| **Connected Air Handler**: Click or tap here to enter text. | | | | | | | |
| **Service Connection *(identify proposed connection location(s) with pipe sizes) (attach drawing)*** | | | | | | | |
| **Equipment ID:** | **Description (terminal unit, etc.)** | | **Location (main terminal, concourse, etc.)** | **Level (STS, Ramp, etc.)** | **Existing Airflow (CFM)** | **Proposed Airflow (CFM)** | **Motor Power (HP)** |
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| **FAN SYSTEM CONNECTION (LIST BOTH NEW AND DEMO BOXES)** | | | | | | | |
| **Service Connection *(identify proposed connection location(s) with pipe sizes) (attach drawing)*** | | | | | | | |
| **Equipment ID:** | **Description (exhaust, supply, transfer, etc.)** | | **Location (main terminal, concourse, etc.)** | **Level (STS, Ramp, etc.)** | **Existing Airflow (CFM)** | **Proposed Airflow (CFM)** | **Motor Power (AMPS)** |
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| **STEAM AND CONDENSATE SYSTEM CONNECTION** | | | | | | |
| **Service Connection *(identify proposed connection location(s) with pipe sizes) (attach drawing)*** | | | | | | |
| **Equipment ID:** | **Description (air handling unit, heat exchanger, etc.)** | **Location (main terminal, concourse, etc.)** | **Level (STS, Ramp, etc.)** | **Heating Load (MBH)** | **Flow Rate (LB/HR)** | **Comments:** |
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| **HEATING WATER SYSTEM CONNECTION: (180F DESIGN WT; 160F COIL EWT)** | | | | | | |
| **Connected Pump**: Click or tap here to enter text. | | | | | | |
| **Service Connection *(identify proposed connection location(s) with pipe sizes) (attach drawing)*** | | | | | | |
| **Equipment ID:** | **Description (air handling unit, fan coil, vav unit, etc.)** | **Location (main terminal, concourse, etc.)** | **Level (STS, Ramp, etc.)** | **Heating Load (MBH)** | **Flow Rate (GPM)** | **Comments:** |
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| **DOMESTIC HOT WATER SYSTEM CONNECTION (50F EWT; 140F LWT)** | | | | | | | |
| **Connected Pump:** Click or tap here to enter text.  **Hot Water Meter ID:** Click or tap here to enter text.  **Backflow ID:** Click or tap here to enter text. | | | | | | | |
| **Service Connection *(identify proposed connection location(s) with pipe sizes) (attach drawing)*** | | | | | | | |
| **Equipment ID:** | **Description (Semi instantaneous, tankless electric etc.)** | | **Location (main terminal, concourse, etc.)** | **Level (STS, Ramp, etc.)** | **Heating Load (MBH/Watts/lbhr)** | **Flow Rate (GPM)** | **Tank Volume** |
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| **PCA GLYCOL COOLING SYSTEM** | | | | | | |
| **Service Connection *(identify proposed connection location(s) with pipe sizes) (attach drawing)*** | | | | | | |
| **Equipment ID:** | **Description** | **Location (gate, other)** | **Wide Body/Jumbo / Other** | **Cooling Load (MBH)** | **Flow Rate (GPM)** | **Comments:** |
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| **SMOKE CONTROL SYSTEM CONNECTION** | | | | | | |
| **Service Connection *(identify proposed connection/system with sequences and diagrams*** | | | | | | |
| **Equipment ID:** | **Description (air handling unit, fan coil, vav unit, dampers, etc.)** | **Location (main terminal, concourse, etc.)** | **Level (STS, Ramp, etc.)** | **Control Modes** | | |
| **Normal** | **Smoke/Purge** | **Smoke Exhaust Check** |
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**NOTES: Utility Shutdown Request Form must be completed before connection during construction phase (7 days’ notice required).**

**A final copy of “As-Built” system drawings must be provided to F&I at the conclusion of the project.**

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| **Prepared by:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| *A revised application is required as the project progresses from pre-design to 100% design. No connections to the sanitary waste system will be allowed without Facilities & Infrastructure approval of this document.* | | | |

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| **Application is:** | **Approved** | | **Approved as notes** *(see below)* |
| **Revise and Resubmit** | | **Rejected** |
| **Notes:** |  | | |
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| ***Aviation/Facilities & Infrastructure*** | | ***Date*** | |

**If Tenant project, Utility Business Manager must review.**

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