

APPLICATION FOR SERVICE

Commercial Project

Project Name _____

Service Address _____
Street City State Zip

Employer _____ Length of Employment _____ SS/Tax ID No. _____ Spouse _____

Owner _____ Phone _____
First MI Last

Address _____
Street City State Zip

Contr./Dev. _____

Address _____
Street City State Zip

Electrical Contractor _____
Contact person Phone Number

Address _____
Street City State Zip

On Site Coordinator _____ Phone _____

Architect _____ Phone _____

On Site Coordinator _____ Phone _____

Type of Building & Use: _____

Size: _____ Total Sq. Ft. # Floors: _____

Secondary voltage: _____ V: _____ Phase: _____ Wire _____

Type Service Desired: Underground Overhead

Secondary Conductor Size: _____ Neutral Size: _____ Number of Runs: _____

| | ELECTRICAL LOAD IN kW | | PANEL SIZES (AMPS) & NO. OF METERS PER PANEL | |
|---------------------------------|-----------------------|---------|--|------------|
| | 1 PHASE | 3 PHASE | PANEL SIZES | NO. METERS |
| Lighting | _____ | _____ | _____ | _____ |
| Heating | _____ | _____ | _____ | _____ |
| Cooling | _____ | _____ | _____ | _____ |
| Elevators (see detail below) | _____ | _____ | _____ | _____ |
| Other Motors (see detail below) | _____ | _____ | _____ | _____ |
| Water Heating | _____ | _____ | _____ | _____ |
| Cooking | _____ | _____ | _____ | _____ |
| Miscellaneous | _____ | _____ | _____ | _____ |
| Existing Load | _____ | _____ | _____ | _____ |
| Total Conn Load | _____ | _____ | _____ | _____ |
| Est. Total Demand | _____ | _____ | _____ | _____ |
| | | | Main Panel Size | _____ amps |

Operating Hours per day: _____ Days per week: _____

Motors: Indicate 1 or 3 Phase and NEMA Code if over 7 1/2 HP Elevator: _____ Number _____ HP _____

Phase NEMA CODE _____
 Other: Number _____ HP _____ Phase NEMA CODE _____
 Other: Number _____ HP _____ Phase NEMA CODE _____
 Other: Number _____ HP _____ Phase NEMA CODE _____

Will existing power facilities require relocation? (mark on site plan) Yes No

Describe _____

Will street lights be required? Yes No Billing Agency _____

Construction start date: _____ Date Permanent Service Required: _____

Date Temporary Service Required: _____

I affirm that the above information is correct to the best of my knowledge and that I have been provided with a construction information sheet. I understand that any changes I make in the above information or attached drawings will increase the time required for the utility to provide service to my project and that I might be liable for additional engineering and construction costs.

 Signature