

PROJECT TYPE

- NEW COMMERCIAL SERVICE
- NEW INDUSTRIAL SERVICE
- NEW COMMERCIAL/INDUSTRIAL DEVELOPMENT
- NEW MIXED USE COMMERCIAL/RESIDENTIAL SERVICE

- AGRICULTURE SERVICE
- EXISTING SERVICE UPGRADE
(ADDING ADDITIONAL LOAD OR EQUIPMENT)

NUMBER OF BUILDINGS: _____ NUMBER OF SERVICES: _____

PROJECT INFORMATION

PROJECT NAME: _____
 DATE OF INITIAL SERVICE: _____ APN: _____
 PROJECT ADDRESS: _____
 CROSS STREET (NEAREST): _____
 CITY: _____ COUNTY: **MERCED**
 STATE: **CALIFORNIA** ZIP: _____

APPLICANT INFORMATION

- APPLICANT IS:
- AN INDIVIDUAL
 - PARTNERSHIP
 - CORPORATION (STATE WHERE INCORPORATED): _____
 - PUBLIC AGENCY
 - A LIMITED LIABILITY COMPANY (STATE): _____
 - OTHER (LIST): _____

LEGAL BILLING NAME: _____

TAX ID (EIN or SSN): _____

BUSINESS LICENSE #: _____

NAME, TITLE AND TELEPHONE NUMBERS OF CORPORATE OFFICERS, PARTNERS, OR SOLE OWNER:

1	NAME: _____	TITLE: _____	TEL: _____
2	NAME: _____	TITLE: _____	TEL: _____
3	NAME: _____	TITLE: _____	TEL: _____
4	NAME: _____	TITLE: _____	TEL: _____
5	NAME: _____	TITLE: _____	TEL: _____

CONTACT INFORMATION SAME AS APPLICANT

(PARTY THAT WILL RELAY UPDATED PROJECT INFORMATION TO MID REPRESENTATIVES)

NAME: _____
 TITLE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TEL: _____ CELL: _____
 FAX: _____ EMAIL: _____

CREDIT INFORMATION SAME AS APPLICANT

NAME: _____
 TITLE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TEL: _____ CELL: _____
 FAX: _____ EMAIL: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

TYPE OF BUSINESS: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

BILLING CONTACT: _____ TEL: _____

CONSTRUCTION INFORMATION

IMPORTANT: DO NOT TRENCH OR INSTALL ELECTRIC FACILITIES UNTIL LOCATIONS ARE APPROVED BY MID.

(THE FOLLOWING INFORMATION APPLIES WITHIN THE MID ELECTRIC SERVICE BOUNDARIES FOR YOUR PROJECT- AN MID EXHIBIT DRAWING MAY BE PROVIDED AFTER APPLICATION REVIEW)

RESPONSIBILITY	<p>APPLICANT RESPONSIBILITY:</p> <ul style="list-style-type: none"> • DISTRIBUTION CONDUITS • SERVICE CONDUITS • PRIMARY SUBSTRUCTURE • SECONDARY SUBSTRUCTURE: <p>(SUBSTRUCTURE INCLUDES VAULTS, PADS, LIDS, AND CONDUIT BENDS)</p>	<p>MERCED IRRIGATION DISTRICT RESPONSIBILITY:</p> <ul style="list-style-type: none"> • PRIMARY CONDUCTOR INSTALLATION • PRIMARY CABLE TERMINATIONS • SECONDARY CONDUCTOR INSTALLATION (TRANSFORMER TO METER SECTION ONLY) • SECONDARY CABLE TERMINATIONS (TRANSFORMER TO METER SECTION ONLY) 	<p>TRANSFORMER INSTALLATION</p> <p>JOINT TRENCH COORDINATION AND DRY UTILITY COMPOSITE</p> <p><input type="checkbox"/> BY MID (Composite Fees Apply)</p> <p><input type="checkbox"/> BY APPLICANT <input type="checkbox"/> N/A</p>
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TRANSFORMER TYPE REQUESTED: PADMOUNT SUBSURFACE **

SECONDARY FACILITIES RQSTD: PADMOUNT SUBSURFACE **

OTHER: PADMOUNT SUBSURFACE **

MID USE ONLY

TRANSFORMER REQUEST: <input type="checkbox"/> APPROVED BY _____ <input type="checkbox"/> NOT APPROVED	DATE APPLICANT NOTIFIED: NOTIFIED BY: _____
SECONDARY FACILITIES RQST: <input type="checkbox"/> APPROVED BY _____ <input type="checkbox"/> NOT APPROVED	
OTHER FACILITIES REQUEST: <input type="checkbox"/> APPROVED BY _____ <input type="checkbox"/> NOT APPROVED	

(**SUBSURFACE FACILITIES ARE SUBJECT TO SPECIAL FACILITIES CHARGES AS DEFINED IN THE ELECTRIC SERVICE RULES AND ARE SUBJECT TO DISTRICT APPROVAL)

ELECTRIC PANEL INFORMATION IMPORTANT: DO NOT INSTALL ELECTRIC MAIN SWITCH/PANEL UNTIL THE LOCATION IS APPROVED BY MID.

DESCRIPTION OF LOAD:		BLDG SQ. FT.:	
OPERATING HOURS PER DAY:	DAYS PER WEEK:	MONTHS PER YER:	NUMBER OF STORIES:
VOLTAGE: <input type="checkbox"/> 120/240 Volt, 3-Wire, 1Ø <input type="checkbox"/> 208/120 Volt, 4-Wire, 3Ø <input type="checkbox"/> 240/120 Volt, 4-Wire, 3Ø <input type="checkbox"/> 480/277 Volt, 4-Wire, 3Ø <input type="checkbox"/> PRIMAY VOLTAGE	MAIN SWITCH/PANEL SIZE: _____ AMPS		NUMBER OF METERS:
	SERVICE TYPE: <input type="checkbox"/> OVERHEAD SERVICE <input type="checkbox"/> UNDERGROUND SERVICE		

ELECTRIC UNIT LOADING

LOAD TYPE	PHASE	LOAD DESCRIPTION	CONNECTED LOAD
Single Largest 1Ø Motor	<input type="checkbox"/> 1Ø		at _____ <input type="checkbox"/> hp
Total 1Ø Motors	<input type="checkbox"/> 1Ø		at _____ <input type="checkbox"/> hp
Single Largest 3Ø Motor	<input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> hp
Total 3Ø Motors	<input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> hp
HVAC	<input type="checkbox"/> 1Ø	Single Largest ONE Phase Air Conditioning	at _____ <input type="checkbox"/> tons <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 3Ø	Single Largest THREE Phase Air Conditioning	at _____ <input type="checkbox"/> tons <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø		at _____ <input type="checkbox"/> tons <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> tons <input type="checkbox"/> kW <input type="checkbox"/> hp
Water Heating	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø or <input type="checkbox"/> GAS		at _____ <input type="checkbox"/> kW
Parking Lot Lighting	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW
Private Streetlights	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW
Cooking	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø or <input type="checkbox"/> GAS		at _____ <input type="checkbox"/> kW
Receptacles	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW
X-Ray	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW
Welders	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW
Dryers	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø or <input type="checkbox"/> GAS		at _____ <input type="checkbox"/> kW
Please provide MOTOR CODES for motors that have reduced voltage starting:			
ADDITIONAL LOADING INFORMATION			
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp
	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø		at _____ <input type="checkbox"/> kW <input type="checkbox"/> hp

(PLEASE ATTACH ADDITIONAL LOADING SHEETS IF NECESSARY)

