

General Information

Project Name: _____ **Engineer:** _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Owner: _____ Telephone: _____

Address: _____ FAX: _____

City, State, Zip: _____

Telephone: _____

FAX: _____ **Estimated Date for Service** _____

Project Information

Commercial Project
Description of Project: _____

Operating Hours: Hours per day: _____ Days per week: _____ Months per year: _____

Residential Project

Number of Meters: _____

Approximate square footage per house/unit _____

Single Family
 Multiple Family, Apartment, Condo (airspace)
 Condo (real property)
 Mobile Home Park

Electric Load Information (Per Unit)

	<u>Initially</u>	<u>Future</u>		<u>Initially</u>	<u>Future</u>
Lighting	_____ KW	_____ KW	1 Phase Air Cond.	_____ TONS	_____ HP
Receptacles	_____ KW	_____ KW	3 Phase Air Cond.	_____ KW/TONS	_____ HP
Water Heating	_____ KW	_____ KW	1 Phase Heat Pumps	_____ KW/TONS	_____ HP
Duct Air Heaters	_____ KW	_____ KW	3 Phase Heat Pumps	_____ KW/TONS	_____ HP
Unit Air Heaters	_____ KW	_____ KW	1 Phase Misc. Motors	_____ HP	_____ HP
Cooking	_____ KW	_____ KW	3 Phase Mis. Motors	_____ HP	_____ HP
X-Ray (input)*	_____ KVA	_____ KVA	1 Phase Storm Drain Lift Pumps	_____ HP	_____ HP
Welders	_____ KVA	_____ KVA	3 Phase Storm Drain Lift Pumps	_____ HP	_____ HP
Dryers	_____ KW	_____ KW	1 Phase Sewer Lift Stations	_____ HP	_____ HP
Aux Strip Heaters	_____ KW	_____ KW	3 Phase Sewer Lift Stations	_____ HP	_____ HP
			Miscellaneous	_____ KW/AMPS	_____ KW/AMPS

*Additional information may be required on this equipment if voltage flicker problems are anticipated.

Type of Service Desired:

- Overhead service
 Underground Service
 Padmounted Transfer
 Padmounted Secondary Boxes
 Subsurface Transformer (Single Family Only)
 Subsurface Secondary Boxes

Single Phase **MAIN SWITCH/PANEL SIZE** _____ AMPS VOLTAGE: _____

Three Phase **MAIN SWITCH/PANEL SIZE** _____ AMPS VOLTAGE: _____

ESTIMATED DEMAND: _____

Signature of Applicant _____