

APPLICATION FOR ELECTRIC SERVICE COMMERCIAL / INDUSTRIAL / AG



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 #: _____

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: _____

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: _____

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	APPLICANT RESPONSIBILITY: _____ <ul style="list-style-type: none"> TRENCHING/EXCAVATION SUBSTRUCTURE INSTALLATION (CONDUIT, VAULTS, PADS, ETC.) SERVICE PANEL INSTALLATION 	DISTRICT RESPONSIBILITY: _____ <ul style="list-style-type: none"> CONDUCTOR INSTALLATION (PRIMARY, SECONDARY, SERVICE) EQUIPMENT INSTALLATION (TRANSFORMERS, SWITCHES, ETC.) 	JOINT TRENCH COORDINATION AND DRY UTILITY COMPOSITE <input type="checkbox"/> BY MID (Contract and Fees Apply) <input type="checkbox"/> BY APPLICANT <input type="checkbox"/> N/A
	TRANSFORMER TYPE REQUESTED: <input type="checkbox"/> OVERHEAD <input type="checkbox"/> PADMOUNT <input type="checkbox"/> SUBSURFACE **		

SECONDARY FACILITIES RQSTD: <input type="checkbox"/> ABOVE-GRADE <input type="checkbox"/> SUBSURFACE **	OTHER: _____ <input type="checkbox"/> PADMOUNT <input type="checkbox"/> SUBSURFACE **	MID USE ONLY	
TRANSFORMER REQUEST: <input type="checkbox"/> APPROVED BY _____ <input type="checkbox"/> NOT APPROVED	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	DATE APPLICANT NOTIFIED: _____ NOTIFIED BY: _____

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

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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 SERVICE TYPE: <input type="checkbox"/> OVERHEAD SERVICE <input type="checkbox"/> UNDERGROUND SERVICE		NUMBER OF METERS:

ELECTRIC UNIT LOADING

LOAD TYPE	PHASE	LOAD DESCRIPTION	at	CONNECTED LOAD
Single Largest 1Ø Motor	<input type="checkbox"/> 1Ø			<input type="checkbox"/> hp
Total 1Ø Motors	<input type="checkbox"/> 1Ø			<input type="checkbox"/> hp
Single Largest 3Ø Motor	<input type="checkbox"/> 3Ø			<input type="checkbox"/> hp
Total 3Ø Motors	<input type="checkbox"/> 3Ø			<input type="checkbox"/> hp
HVAC	Single Largest 1Ø HVAC	Single Largest ONE Phase Air Conditioning	at	<input type="checkbox"/> tons <input type="checkbox"/> kW <input type="checkbox"/> hp
	Single Largest 3Ø HVAC	Single Largest THREE Phase Air Conditioning	at	<input type="checkbox"/> tons <input type="checkbox"/> kW <input type="checkbox"/> hp
	Total 1Ø HVAC		at	<input type="checkbox"/> tons <input type="checkbox"/> kW <input type="checkbox"/> hp
	Total 3Ø HVAC		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)

STREETLIGHT INFORMATION			N/A
<small>(PARTY RESPONSIBLE FOR ENERGY USE AFTER INSTALLATION - UNMETERED LIGHTS ONLY)</small>			
NAME: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	
TEL: _____	FAX: _____		
BULB TYPE:	<input type="checkbox"/> HIGH PRESSURE SODIUM VAPOR <input type="checkbox"/> LOW PRESSURE SODIUM VAPOR <input type="checkbox"/> MERCURY VAPOR <input type="checkbox"/> METAL HALIDE <input type="checkbox"/> INCANDESCENT <input type="checkbox"/> OTHER: _____	VOLTAGE: <input type="checkbox"/> 120 Volt <input type="checkbox"/> 240 Volt	
NUMBER OF LIGHTS: _____	AT _____	75 Watts PER LAMP	
NUMBER OF LIGHTS: _____	AT _____	100 Watts PER LAMP	
NUMBER OF LIGHTS: _____	AT _____	150 Watts PER LAMP	
NUMBER OF LIGHTS: _____	AT _____	200 Watts PER LAMP	
NUMBER OF LIGHTS: _____	AT _____	250 Watts PER LAMP	
NUMBER OF LIGHTS: _____	AT _____	Watts PER LAMP	

SELF-GENERATING EQUIPMENT
<p>If you are installing any type of self-generation equipment (Photovoltaic, Diesel Generators, Wind Generators, etc.) and "Electrical Interconnection Agreement" form must also be completed.</p> <p>Should you decide to install self-generating equipment at a later date; you must notify MID and complete the "Electrical Interconnection Agreement" at that time. All such equipment, panels and means of disconnect from the Utility must be approved by the District prior to installation.</p> <p>For more information on net metering (including eligibility), please contact an MID representative, or visit the Districts website at www.mercedid.org.</p>
<p><input type="checkbox"/> I HAVE NO SELF-GENERATING EQUIPMENT AT THIS TIME.</p> <p><input type="checkbox"/> I PLAN TO INSTALL SELF-GENERATING EQUIPMENT.</p> <p style="margin-left: 20px;">a. Please complete the "Electrical Interconnection Agreement".</p> <p style="margin-left: 20px;">b. Additional electric information will be required.</p>
<p>IMPORTANT: DO NOT INSTALL ANY SELF-GENERATING EQUIPMENT UNTIL IT IS APPROVED BY MID.</p>

AGREEMENTS and SIGNATURE

1. I understand that service will be engineered and installed based upon the information provided on this application. I agree to pay MID for all work MID performs and all costs incurred on this application for service. MID may cancel this application, and bill for time accrued, if the project becomes inactive for twelve (12) months. MID costs may include, labor, material, supplies, transportation and any other costs that MID allocates to perform such work. Incomplete information or any changes made at my request during or after engineering is completed may subject me to additional charges and may also delay the proposed service date. Should MID decline my application, any fees paid upfront will be refunded to me.
2. I agree to pay for any damages to MID facilities that are caused by me or my contractors.
3. I understand that Electric service provided by MID is subject to MID's Electric Service Rules, which are governed by the District's Board of Directors and may change from time to time. A current copy of the Districts Electric Service Rules are available at www.mercedid.org or at the MID Main Office (744 West 20th Street in Merced).
4. I understand that MID may require a deposit to cover some or all costs related to this application for service. My advance will be based upon current costs and the amount of work anticipated by MID, based upon the information contained in this application. Any advance, or portions thereof, will be credited against the amount I owe (if any) or (if applicable) refunded to me. An additional deposit may be required to establish the electric billing account(s), depending upon credit ratings.
5. I understand that any special facilities that I have requested are subject to additional costs that I am responsible to pay upfront. I further understand that should I cancel this application, I may be responsible for any related costs incurred by MID.
6. The application is a request for service, and is non-binding until the District accepts the application.
7. I have read and understand the above information.
8. If Applicant is other than an individual or sole proprietor, the individual executing this Application represents that he/she is authorized to bind Applicant hereto.

AGREEMENT FOR ELECTRIC SERVICE COST ESTIMATE- NO CHARGE	
APPLICANT SIGNATURE: _____	DATE: _____
PRINT NAME: _____	ID VERIFICATION: _____ <small>(Drivers License number & State)</small>

AGREEMENT FOR ELECTRIC SERVICE ENGINEERING- FEES APPLY	
APPLICANT SIGNATURE: _____	DATE: _____
PRINT NAME: _____	ID VERIFICATION: _____ <small>(Drivers License number & State)</small>