

PROJECT TYPE

SINGLE FAMILY DWELLING

- ELECTRIC OVERHEAD SERVICE
- ELECTRIC UNDERGROUND SERVICE
- EXISTING RESIDENTIAL SERVICE UPGRADE (ADDING ADDITIONAL LOAD OR EQUIPMENT)

RESIDENTIAL DEVELOPMENT

- BUILD-OUT SUBDIVISION
- CONDOMINIUMS
- APARTMENTS
- LOT SALE
- ZERO LOT LINE

NUMBER OF LOTS: _____

NUMBER OF SERVICES: _____

PROJECT INFORMATION

PROJECT NAME: _____

DATE OF INITIAL SERVICE: _____ APN: _____

PROJECT ADDRESS or LOT#: _____

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

TRANSFORMER TYPE REQUESTED: PADMOUNT SUBSURFACE **

SECONDARY FACILITIES RQSTD: PADMOUNT SUBSURFACE **

OTHER: PADMOUNT SUBSURFACE **

MID USE ONLY

TRANSFORMER REQUEST: APPROVED BY _____ NOT APPROVED

SECONDARY FACILITIES RQST: APPROVED BY _____ NOT APPROVED

OTHER FACILITIES REQUEST: APPROVED BY _____ NOT APPROVED

DATE APPLICANT NOTIFIED: _____

NOTIFIED BY: _____

ELECTRIC PANEL INFORMATION		IMPORTANT: DO NOT INSTALL ELECTRIC MAIN SWITCH/PANEL UNTIL THE LOCATION IS APPROVED BY MID.
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	MAIN SWITCH/PANEL SIZE: _____ AMPS DEVELOPMENT SERVICE TYPE: <input type="checkbox"/> OVERHEAD SERVICE <input type="checkbox"/> UNDERGROUND SERVICE	BLDG SQ. FT.: _____ NUMBER OF METERS: _____

ELECTRIC UNIT LOADING			
LOAD TYPE	PHASE	LOAD DESCRIPTION	CONNECTED LOAD
Lighting	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> kW
Oven	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø or <input type="checkbox"/> GAS	at	<input type="checkbox"/> kW
Range	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø or <input type="checkbox"/> GAS	at	<input type="checkbox"/> kW
Refrigerator	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> kW
Freezer	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> kW
Dish Washer	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> kW
Laundry Dryer	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø or <input type="checkbox"/> GAS	at	<input type="checkbox"/> kW
Water Heater	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø or <input type="checkbox"/> GAS	at	<input type="checkbox"/> kW
Outdoor Lighting	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> kW
Primary A/C	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	Locked Rotor Amps: _____ at	<input type="checkbox"/> hp
Secondary A/C	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	Locked Rotor Amps: _____ at	<input type="checkbox"/> hp
Domestic Water Pump	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> hp
Heat Pump	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> hp
Pool/Spa Pump	<input type="checkbox"/> 1Ø or <input type="checkbox"/> 3Ø	at	<input type="checkbox"/> hp
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
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	<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
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	<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 <input type="checkbox"/>
(PARTY RESPONSIBLE FOR ENERGY USE AFTER INSTALLATION - UNMETERED LIGHTS ONLY)			
NAME: _____			
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
TEL: _____		FAX: _____	
BULB TYPE: <input type="checkbox"/> HIGH PRESSURE SODIUM VAPOR VOLTAGE: _____			
<input type="checkbox"/> LOW PRESSURE SODIUM VAPOR <input type="checkbox"/> 120 Volt			
<input type="checkbox"/> MERCURY VAPOR <input type="checkbox"/> 240 Volt			
<input type="checkbox"/> METAL HALIDE			
<input type="checkbox"/> INCANDESCENT			
<input type="checkbox"/> OTHER: _____			
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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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> </div> <p>IMPORTANT: DO NOT INSTALL ANY SELF-GENERATING EQUIPMENT UNTIL IT IS APPROVED BY MID.</p>

AGREEMENTS and SIGNATURE				
<ol style="list-style-type: none"> 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. 				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">APPLICANT SIGNATURE: _____</td> <td style="width: 40%; border: none;">DATE: _____</td> </tr> <tr> <td style="border: none;">PRINT NAME: _____</td> <td style="border: none;">ID VERIFICATION: _____</td> </tr> </table> <p style="text-align: right; font-size: x-small; margin-top: 5px;">(Drivers License number & State)</p>	APPLICANT SIGNATURE: _____	DATE: _____	PRINT NAME: _____	ID VERIFICATION: _____
APPLICANT SIGNATURE: _____	DATE: _____			
PRINT NAME: _____	ID VERIFICATION: _____			

MID USE ONLY		
CSR NAME: _____	DEPOSIT AMOUNT: _____	APPLICATION COMPLETE: <input type="checkbox"/> YES <input type="checkbox"/> NO
ACCOUNT #: _____	REASON FOR WAIVING: _____	IF NO, EXPLAIN: _____
AREA: _____	CS APPROVED BY: _____	DATE: _____
		BILLING #: _____