

CITY WATER, LIGHT & POWER ELECTRIC ENGINEERING DEPARTMENT

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APPLICATION FOR RESIDENTIAL/COMMERCIAL ELECTRIC SERVICE

INSTRUCTIONS:

1. THIS FORM SHOULD BE COMPLETED FOR ALL NEW OR UPGRADE COMMERCIAL ELECTRIC SERVICES, AND NEW OR UPGRADE RESIDENTIAL SERVICES 400 AMPS OR GREATER.
2. PANEL SCHEDULES SHOWING PERTINENT ELECTRIC LOAD DATA ARE PREFERRED. IF AVAILABLE, SUBMIT ALL PANEL SCHEDULES AND THE ELECTRIC SERVICE ONE-LINE DRAWING. IF PANEL SCHEDULES ARE SUBMITTED, SECTION 2 AND SECTION 3 OF THIS FORM DO NOT NEED COMPLETED.

<u>SERVICE TYPE:</u> TEMPORARY (<200A, 120/240V, 1Ø)	TEMPORARY (other)	PERMANENT
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This Area for TEMPORARY (<200A, 120/240V, 1Ø) SERVICES ONLY

IF THIS IS A TEMPORARY SINGLE PHASE, 120/240V SERVICE @ 200 AMPS OR LESS, FILL OUT THE AMPACITY REQUIREMENT LINE DIRECTLY BELOW AND "SECTION 1" OF THIS FORM ONLY.

1 PHASE, 120/240V TEMPORARY SERVICE AMPS REQUIRED _____

(RETURN THIS FORM WITH THE APPLICABLE TEMPORARY HOOKUP FEE)

SECTION 1:

CUSTOMER INFORMATION

DATE: _____

PROJECT NAME: _____

BILLING ADDRESS (NAME & ADDRESS THAT SERVICE WILL BE BILLED TO):

NAME: _____

ADDRESS: _____ APT./SUITE _____

CITY: _____ STATE: _____ ZIP: _____

SERVICE ADDRESS (NAME & ADDRESS WHERE SERVICE IS REQUIRED):

NAME: _____

ADDRESS: _____ APT./SUITE _____

CITY: _____ STATE: _____ ZIP: _____

CUSTOMER CONTACT: _____

CUSTOMER PHONE NUMBER(S): H/W: _____ C: _____

ELECTRICAL CONTRACTOR or ENGINEERING FIRM:

NAME: _____

ADDRESS: _____ APT./SUITE _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

BUS PHONE: _____ CELL PHONE: _____

E-MAIL: _____

DATA FURNISHED BY: _____
(PRINT NAME)

(SIGNATURE)

SECTION 2: (See note 2 of instructions)

ELECTRIC LOAD REQUIREMENTS

POWER:

1. Air Conditioning

# of Units	Phase		Voltage	Nameplate Rating (HP, KW, Tons)		Equipment Function or Use	CWLP Use Only	
	1	3						
	1	3						
	1	3						
	1	3						
	1	3						
	1	3						

2. Other Motor Load - Total motor load in HP or KW with large and/or motors with special operating characteristics listed separately

# of Units	Phase		Voltage	Nameplate Rating (HP, KW, Tons)		Equipment Function or Use	Soft / Reduced Voltage Start	CWLP Use Only	
	1	3							
	1	3							
	1	3							
	1	3							
	1	3							
	1	3							

3. Other Equipment - Cooking equipment, water heaters, welders, rectifiers, heat treat, drying ovens, etc. - List equipment separately in HP or KW

# of Units	Phase		Voltage	Rated Load (HP or KW)		Equipment Function or Use	Soft / Reduced Voltage Start	CWLP Use Only	
	1	3							
	1	3							
	1	3							
	1	3							
	1	3							
	1	3							

4. Space Heating Equipment:

Is the primary heating source electric? Yes No

# of Units	Phase		Voltage	Rated Load (HP or KW)		Equipment Function or Use	CWLP Use Only	
	1	3						
	1	3						
	1	3						
	1	3						

SECTION 3: (See note 2 of instructions)

LIGHTING:

Interior Lighting Load (KW): _____

Exterior Lighting Load (KW): _____

Total Lighting Load (KW):
(sum of interior & exterior) _____

SECTION 4:

BUILDING SIZE:

Total Area of Building (Sq. Ft.) _____

Area Air Conditioned (Sq. Ft.) _____

Area Heated (Sq. Ft.) _____

Height of Ceiling (Ft.) _____

SECTION 5:

SERVICE INFORMATION:

1 Phase

120/240V	240/480V	Other _____
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3 Phase

208Y/120V	240Δ/120V	
480Y/277V	480ΔV	Other _____

Note: 3 Phase service or specified voltage may not be readily available.

Service Location:

Overhead

Underground

Main Breaker Size:

_____ Amps

Size & Number of Service Conductors:

(Note: For 1 Phase services CWLP can accommodate a maximum of (4) conductors per phase. For 3 Phase services CWLP can accommodate a maximum of (6) or (10) conductors per phase depending on the transformer size.)

# of Sets _____	# of Conductors per Set _____
Size of Phase Conductors _____	Copper
Size of Neutral Conductor(s) _____	Aluminum

At CWLP discretion the electric meter and associated instrument transformers can be installed on the distribution transformer in 3 phase applications serving only one load.

Do You Prefer the Meter & Instrument Transformers on the Distribution Transformer? Yes No

Describe the preferred point of attachment on or at the building (attach site plan if available):

Estimated Date Service Is Required: _____

Is electric the only source of energy used on the premises? (Others may be gas, solar, wind, etc) Yes No

Is a Generator Being Installed at this location? Yes No

If yes, fill out the "CUSTOMER OWNED GENERATOR INFORMATION" form and submit with this application.

Are any Renewable power sources being installed at this location? (Wind, Solar, etc.) Yes No

Do the Renewable power sources connect to the CWLP electric distribution grid? Yes No

If yes, fill out the "APPLICATION FOR INTERCONNECTION" and "APPLICATION FOR NET METERING" forms and submit with this application
