



*****Shaded Area for Internal Office Use Only*****

Work Order Number: _____ Field Engineer: _____ Today's Date: _____

Map Location: _____

Billing of Construction Information

Business/Contractor Name: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Federal Tax ID: _____

Contact Name: _____

Phone: _____ Email: _____

Service Location

Name of Business: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Email: _____

Structure Information

Construction Type: (check one) Restaurant Retail Office

Multi-unit commercial* Industrial Other: _____

***If multi-unit commercial building, please provide labeling (e.g., sites, apts, units 1,2,3... or A, B,C) on page 3.**

Builder Information

Business/Contractor Name: _____

Contact Name: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email/Fax: _____

Electrician Business Name: _____

Electrician Contact Name: _____

Electrician Phone: _____ Electrician Email: _____



Service Information & Load Data

	Connected Load	Estimated Demand Load
Indoor Lighting	KVA	KVA
Outdoor Light	KVA	KVA
Total Motor Load	KVA	KVA
Electric Heater	KVA	KVA
Air Conditioning	KVA	KVA
Misc. Equipment	KVA	KVA
Receptacles	KVA	KVA
Electric Vehicle	KVA	KVA
Other	KVA	KVA
Total	KVA	KVA
Est. Future	KVA	
Largest Motor	H.P.	
Building Area	NEW	Existing

Temporary Service

Single Phase: _____ 120/240 _____ 120/208 _____ 240/480
 Three Phase: _____ 120/208 _____ 277/480
 Main Size: _____ Amps Date Required: _____

Main Service

Single Phase: _____ 120/240 _____ 120/208 _____ 240/480

List additional **Single Phase** motors over 10 HP that require soft start, for approval by WH:

Three Phase: _____ 120/208 _____ 277/480

List additional **Three Phase** motors over 50 HP that require soft start, for approval by WH:

Main Size: _____ Amps ***If multiple house meters, please provide labeling on page 3.**

Transformer: _____ Pad Mounted _____ Pole Mounted

Secondary: _____ Underground _____ Overhead

Site Plan: _____ Enclosed _____ Separate

Comments

*Note CT's are required for **Single Phase** services over 400 Amps, **Three Phase** services over 200 Amps, and all 480 Volt services. In addition, all 480 Volt services require PT's.



Multi-House Meter Labeling

If multi-house meters, please provide labeling and amps (e.g., Fire Pump, Outside Lighting, Irrigation, etc.) below.

Number of House Meters to be Installed: _____

Example: Fire Pump, 600 amp _____ _____
 _____ _____ _____

Multi-Unit Commercial Building Labeling

*If multi-unit commercial building, please provide labeling (e.g., sites, apts, units 1,2,3... or A, B,C) below.

Number of Electric Meters to be Installed: _____

Example: Apt 1, Unit 1A _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____

*Make additional copies as necessary.