

Application for Electric Service

TO BE FILLED OUT BY BELMONT LIGHT OFFICE PERSONNEL ONLY	Initial Here
Work Authorization number:	
Municipal Inspection Complete:	

Date:	Principal Contact Name:
Project Name:	Principal Contact Title:
Project Address:	Address:
Proposed Sq. Ft.:	Email:
	Phone:

Construction Start Date:	Service Requested Date:	Building Occupancy Date:
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Connected Load Information		
<i>Please only include proposed added load for service upgrades</i>		
Load Type	Connected Loads (kW) 1 Ø	Connected Loads (kW) 3 Ø
Lighting		
Water Heating		
Electric Heat		
Air Conditioning		
Other HVAC Equip.		
Refrigeration		
Cooking		
Receptacles		
Motor Load		
Process Heat		
Other (Describe)		
Total		

Proposed Service Details	
Check one:	Service Upgrade <input type="checkbox"/> New Service <input type="checkbox"/>
Check one:	Overhead <input type="checkbox"/> Underground <input type="checkbox"/>
# of Meters _____	# Customers _____
SINGLE PHASE (3 WIRE)	THREE PHASE (4 WIRE)
120/240V <input type="checkbox"/> 120/208V <input type="checkbox"/>	120/208V <input type="checkbox"/> 277/480V <input type="checkbox"/>
<input type="checkbox"/> OTHER*: _____	
*REQUIRES SPECIAL APPROVAL FROM BELMONT LIGHT	
Service Size _____	Amps _____
Secondary Conductor Size _____	
	Cu <input type="checkbox"/> Al <input type="checkbox"/>
# of Sets _____	

Comments:

	Motor Load			
	<i>Please only include proposed added load for service upgrades</i>			
	Largest Motors		Peak Coincident Load	
	1 Phase	3 Phase	1 Phase	3 Phase
kW				
%PF				
LRA				
FLA				