



### Electrical Planning Requirements

It is essential that the following information be provided to:

- a) enable an assessment to be made on the impact of the proposed project on the Electrical Distribution System.
- b) enable the Distributor to prepare pertinent information for the developer.

Please supply answers to the following questions as soon as possible as electrical planning cannot proceed until the Distributor has reviewed this information.

Preliminary electrical site plan drawings are to be submitted together with this form. Electrical drawings are to be submitted to the Distributor for approval prior to any related job tenders or the commencement of any electrical construction. The drawings shall be drawn to a scale usable by the Distributor, shall show local pole locations, proposed transformer location, proposed electrical room/metering location and show how access to the metering would be gained (i.e.: the path to the metering).

Electrical site plan drawings are to be submitted to the Distributor on one (1) Paper copy and in an electronic format as approved by the Distributor.

**Project Location:** (Municipal Address) \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_

**Fax:** (    ) \_\_\_\_\_

**Service Classification** ( as many as apply):

	U/G	O/H
<input type="checkbox"/> Residential	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Service < 50kW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Service > 50kW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporary Service	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Service Upgrade	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 60-100 <input type="checkbox"/> 100-200 <input type="checkbox"/> >200		

**Service Entrance Switchboard with Utility CT and PT Compartment**       Yes     No

**Capacity of Main Service (in Amperes):**  
Maximum rated capacity: \_\_\_\_\_

**Estimated Connected Load - Demand in kW:**  
Maximum Initial Demand: \_\_\_\_\_ kW  
Maximum Future Demand: \_\_\_\_\_ kW

**What service voltage is required** ( one only):

- 120/240 Volt Single Phase
- 120/208 Volt Three Phase
- 347/600 Volt Three Phase
- Primary

**Metering Type** ( one only):

- Single Meter
- Multiple Meters

Quantity of Meter installations

100A or less: \_\_\_\_\_

101A to 200A: \_\_\_\_\_

more than 200A: \_\_\_\_\_

**Required In-Service Date:**  
Month / Day / Year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Comments:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
(Representative of Applicant)

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_



### Electrical Service Meter Base With Municipal Address Verification Form

This form **must** be completed by a Licensed Electrical Contractor or their legal representative prior to service connection. Accurate information must be provided or service will not be activated. *(Section A & B must be fully completed).*

<b>Electric Service Municipal Address :</b> (Print) _____	
<b>Name of Owner:</b> _____	
<b>Telephone:</b> (    )	<b>Fax:</b> (    )
<b>Name of Electrical Contractor:</b> _____	
<b>Telephone:</b> (    )	<b>Fax:</b> (    )

In area (A) provided below, a ‘footprint’ layout of the property is shown including an assigned number for each meter base location. Provide Municipal Address (B) information for each corresponding meter base number for billing purposes.

(A) FOOTPRINT OF BUILDING WITH METER BASE LOCATION(S)	(B) MUNICIPAL ADDRESS
[Empty footprint area]	(1)
	(2)
	(3)
	(4)

The following regulations are agreed upon by the undersigned with receipt of the completed form by an authorized representative of the Utility. *(A copy of the utility authorized form will be provided for your records.)*

1. That all information contained on this form is accurate.
2. That if any information is determined to be inaccurate, the Utility will not be able to energize the service connection(s).
3. That if any information has to be corrected by Utility personnel there will be applicable charges to prepare an amended form.
4. That an amended form must be signed and returned along with payment of any applicable invoice, as per Part 3, prior to further consideration as to the activation of the service connection.
5. **The Electrical Contractor completes Section (C) below to apply for service activation. A property owner MAY complete Section (D) rather than the contractor, to apply for service activation.**

<p>(C) The undersigned acknowledges agreement to all terms and conditions contained on this form.  <i>(Please print names in full)</i></p> <p><b>Company Name:</b> _____</p> <p><b>Representative:</b> _____</p> <p><b>Title/Position:</b> _____ <b>Date:</b> _____</p> <p><b>Signature:</b> _____</p>	
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<p>(D) <b>OPTIONAL</b> if section (C) has not been completed. The undersigned acknowledges agreement to all terms and conditions contained on this form.</p> <p><b>Owner Name:</b> _____</p> <p><b>Signature:</b> _____</p>	
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