

Panora Municipal Electric

ELECTRICAL SERVICE FACILITY APPLICATION AGREEMENT

SERVICE ADDRESS _____		UNIT# _____	CITY _____
STATE _____	ZIP _____	SUBDIVISION NAME _____	LOT # _____ COUNTY _____
RESPONSIBLE BILLING PARTY _____		WK PHONE#: _____	HM./MBL#: _____
MAILING ADDRESS _____		CITY _____	STATE _____ ZIP _____
FUTURE OCCUPANT DBA (DOING BUSINESS AS) _____			
<input type="checkbox"/> NEW BLDG.	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> DUPLEX
<input type="checkbox"/> EXISTING	<input type="checkbox"/> COMM./IND.	<input type="checkbox"/> CONDO	<input type="checkbox"/> ZERO-LOT-LINE
		<input type="checkbox"/> TOWN HOME	<input type="checkbox"/> MODULAR HOME
		<input type="checkbox"/> FARM/RURAL	<input type="checkbox"/> REWIRE
EASEMENTS REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO
APPL. TAKEN BY & DATE TAKEN _____		NEED BY DATE _____	
ELECTRIC			
ELECTRICAL CONTRACTOR/AGENT: _____			
ADDRESS: _____		PHONE #: _____	MOBILE #: _____
TEMPORARY			
VOLTAGE: _____	AMPS: _____	PHASE: _____	WIRE: _____ <input type="checkbox"/> OH <input type="checkbox"/> UG
CONNECT AT: <input type="checkbox"/> XMPER/	<input type="checkbox"/> PED./	<input type="checkbox"/> HAND.	<input type="checkbox"/> POLE
<input type="checkbox"/> NEEDS TRANSFORMER FOR TEMPORARY		APPROXIMATE CHARGES: _____	
PERMANENT			
VOLTAGE: _____	AMPS: _____	PHASE: _____	WIRE: _____ <input type="checkbox"/> OH <input type="checkbox"/> UG <input type="checkbox"/> UG INSTALLED
TOTAL # OF METERS: _____	1PH: _____	3PH: _____	NETWORK /2PH: _____
CT/OTHER: _____	# CONDUCTORS/PHASE: _____		SIZE EA CONDUCTOR: _____
LOAD: _____ KW	FOR REWIRE: EXISTING AMPS _____	NEW AMPS _____	APPROXIMATE CHARGES: _____
ENT LOCATE/CUST MEETING		DATE WANTED	
<input type="checkbox"/> OH	<input type="checkbox"/> UG	<input type="checkbox"/> PAD INSPECTION	AMPS _____ kVA _____
ELECTRICIAN CALL INSPECTOR IN AM: <input type="checkbox"/> YES <input type="checkbox"/> NO		SOMEONE ON SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
RATE			
<input type="checkbox"/> ELECTRIC HEAT	<input type="checkbox"/> GAS HEAT	RATE CODE: (Internal Use Only) Construction: _____ Permanent: _____	
<input type="checkbox"/> ELECTRIC WATER HEAT	<input type="checkbox"/> GAS WATER HEAT		
<input type="checkbox"/> ELECTRIC SPACE HEAT	<input type="checkbox"/> GAS SPACE HEAT		

Diagram of building location: (Indicate North with arrow)

Applicant Signature

Date