

GENERAL INFORMATION:

Name: _____

Submitted by: _____

Address: _____

Title: _____

Date: _____

Name of Company: _____

Address: _____

Phone: _____

Phone: _____

Project Location: _____

Signature: _____

Building square footage (heated or cooled area only): _____

Type of Operation: _____

Relationship to applicant (check one):

Estimated time(s) of Operation: ____ am ____ pm

Employee Electrical Contractor

Number of shifts: _____

Architect Consulting Engineer

Days of Operation: _____

General Contractor Other

Electrical Load Listing

Motors: (List all single-phase motors larger than 5 hp and all three-phase motors- attach separate list if additional space is needed)

| Type | Starting | Voltage | Size(hp) | NEMA code |
|-------|----------|---------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Special Equipment: (List all equipment not listed elsewhere - attach separate equipment loads list if additional space is needed)

| Description | Voltage | KW |
|-------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Summary of Loads: _____ KW

| | |
|---|-------|
| Total Motor Load (From Above)..... | _____ |
| Total Special Equipment (From Above) | _____ |
| Air-Conditioning..... | _____ |
| Heating..... | _____ |
| Lighting..... | _____ |
| Water Heating | _____ |
| Miscellaneous..... | _____ |
| Total Connected Load (Include higher of heating or air, but not both) | _____ |
| Projected Peak Demand (over 12 month period) _____ Owner initial: _____ | |

Electrical Service

Electrical Service Entrance Size: _____ amps Underground

Number and size of service entrance conductors: _____

Service Voltage Desired: (check one) 120/240 volts single-phase 120/208 volts three-phase
 120/240 volts three-phase 277/480 volts three-phase

TALQUIN'S INTERNAL USE

SIZE TRANSFORMER(S) TO BE INSTALLED: _____

SIZE SERVICE TO BE INSTALLED (Underground) _____

SIZE CT'S : _____

SIZE PT'S: _____

METER TYPE: _____

TEC Pole # _____ Project W.O. # _____

TEC Department Routing/CC: Area Member Services Mgr____, Operations-Staking personnel____, Metering Dept____

Date sent to TEC department/personnel: _____