

BURLINGTON ELECTRIC DEPARTMENT

Permanent Service Application

WIRE INSPECTOR APPROVAL NUMBER MUST BE RECEIVED PRIOR TO SCHEDULING

See reverse side for instructions

Billing Information

1. Property Owner's name Phone

Person Company (circle one)

Address: City: BURLINGTON St. VT Zip 05401

2. If Applicable: Customer Name Phone

Person Company (circle one)

Address City ST. Zip

3. Electrical Contractor : Phone: Fax

Email:

Address: City ST Zip:

Send Bill to: (circle one) Property Owner Customer Contractor

Location and Service Information: Services and meter location shall be located (spotted) by B.E.D. personnel on all new services and/or when reworking old services . Call 865-7323 Andy, 865-7468 Jim or email: anaughton@burlingtonelectric.com. , jchagnon@burlingtonelectric.com (BED Fax #865-7462)

4. Applying for Service at: (accurate street number and name required)

5. Number of meters presently at this location: Number of Units:

Total number of meters to be added at this service location:

Does this represent a change in service characteristics?

Will there be a consolidation of services?

Is there presently temporary Service at this location? Yes No

Present service Is: Aerial UG Requested service: Aerial UG

6. Request Fault Current: Yes No

7. Type of Service: Residential Commercial Other

8. Service Characteristics a. Volts: (available voltages on reverse)

b. Phase: c. Wires d. Amps. e. Wire Size

9. Electrical Load Characteristics: a. KW Lighting b. KW Receptacles c. KW Water

d. HP Total e. HP Largest Motor

f. KW Special Loads:

g. Dryers' Ranges. Air Conditioning

10. Desired Date of Completion

11. Attach 1 copy of electrical riser drawings and site plan, if service is larger than 200 amps

12. Signature Print name

Date:

Party Applying is: (circle one) Owner Developer Contractor

For Burlington Electric Department Use Only

Primary - Secondary Line Extension Required Yes No

RATE: RS SG LG PR- TOU

Single Phase Three Phase

(circle one)

CT metering required: Yes No

Routing:

Service Application: Date

Distribution Energy Services Customer Service Engineering Metering

AIC Ratings: Date

Wire Insp. Contractor Engineering Distribution Metering

Wire Inspection: Date Number

Distribution Customer Service Metering

Date Energized: WF# JO#

NOTES

1. The Burlington Electric Department will do no work unless a complete application has been received.
2. Complete a separate application for each building receiving service. (This applies to subdivisions, condominiums and apartment complexes.)
3. For apartments/condominiums, complete application using service characteristics for one typical unit and note number of apartments in building.
4. Permanent service will not be energized where Aid of Construction costs are required until payment has been made. ***Wire Inspector's approval must be received prior to scheduling.***
5. Deliver this completed form to: **Burlington Electric Department, New Services, 585 Pine Street, Burlington, VT 05401 or fax to 865-7462.** Contact Burlington Electric Department at **865-7323 Andy, 865-7468 Jim** with any questions or via email: anaughton@burlingtonelectric.com , ichagnon@burlingtonelectric.com
6. When Wire Inspector Approval has been received, please make service coordination arrangements with the Distribution Department. If meter only is required, please contact the Metering Department at **865-7468**.

GENERAL INSTRUCTIONS FOR COMPLETING APPLICATION

1. Name of Property Owner, phone number, address. Is Owner a company?
2. Customer (to whom will the bill be sent?) List "same" if Owner.
3. Electrical Contractor, phone number and address, (if not owner).
4. Location of Service (accurate street number and name required) **If a new development-each street and building number must appear as indicated on Final Plat. Drawing-approved by the Dept. of Public Works.**
5. Total number of meters presently serving this location. Number of units/residences. Number of meters to be added at this location. Will the existing service change in characteristics? Indicate if you are consolidating current services. Is there temporary service at this location?
6. Request Fault Current. B.E.D. will provide only if requested in writing.
7. Type of Service: (Check one)
 - a. Residential: single or duplexes where one unit is "owner-occupied."
 - b. Commercial – apartment building, small business, store, dept. store, office space, etc.
8. Electric Load Characteristics:
 - a. Volts – state voltage requested. Note only 120/240, 208Y/120, 240 Delta/120, 480Y/277, 4160Y/2400 and 13,800Y/7970 are offered.
 - b. Phase – state single or three phase.
 - c. Wires – state three or four wire.
 - d. Amperage – 100amp, 200amp, 1000amps, etc.
 - e. Wire size at point of attachment to BED.
9. Electric Load Characteristics:
 - a. KW lighting – add up total wattage of fixed lighting.
 - b. KW receptacles – refer to latest edition of National Electric Code.
 - c. KW water – enter electrical rating of water heater.
 - d. HP total – add up all horsepower ratings of electric motors.
 - e. HP largest motor – enter horsepower of largest motor.
 - f. KW special loads – add up electrical ratings of any special loads such as stored heat systems, etc.
 - g. KW misc. – remaining items – remaining items, range, dryer or other special loads. List separately.
10. Desired date of completion is the date service is desired.
11. Attach electrical riser drawings and site plan if service is over 200 amps.
12. Signature of Electrical Contractor and circle a title of Owner, Developer or Contractor. Please also print name and date.