

LOAD SHEET - NON-RESIDENTIAL

APPLICANT INFORMATION		PROJECT INFORMATION																							
Name _____	Nearest Intersection _____																								
Tax Map Parcel _____	Nearest DEC Equipment No. _____																								
Phone _____	Date of Application _____																								
E-mail _____	DEC WO No. _____																								
Service (911) Address _____	Date Service Required _____																								
<p>Please check the box indicating that the Member acknowledges it is their responsibility for marking out all private utilities (irrigation, well water pipe, etc) on property prior to construction. <input type="checkbox"/></p>																									
PRIMARY SITE USE																									
<p>COMMERCIAL <input type="checkbox"/></p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Store <input type="checkbox"/></td> <td style="width: 30%;">Total Conditioned sq. ft. _____</td> <td style="width: 40%;">No. of Units _____</td> </tr> <tr> <td>Restaurant <input type="checkbox"/></td> <td>Total Conditioned sq. ft. _____</td> <td>No. of Units _____</td> </tr> <tr> <td>Office <input type="checkbox"/></td> <td>Total Conditioned sq. ft. _____</td> <td>No. of Units _____</td> </tr> <tr> <td>Warehouse <input type="checkbox"/></td> <td>Total Conditioned sq. ft. _____</td> <td>No. of Units _____</td> </tr> <tr> <td>Condo <input type="checkbox"/></td> <td>Total Conditioned sq. ft. _____</td> <td>No. of Units _____</td> </tr> <tr> <td>Apartment <input type="checkbox"/></td> <td>Total Conditioned sq. ft. _____</td> <td>No. of Units _____</td> </tr> <tr> <td>Pole Building <input type="checkbox"/></td> <td>Total Conditioned sq. ft. _____</td> <td>No. of Units _____</td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td>Total Conditioned sq. ft. _____</td> <td>No. of Units _____</td> </tr> </table>		Store <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____	Restaurant <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____	Office <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____	Warehouse <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____	Condo <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____	Apartment <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____	Pole Building <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____	Other <input type="checkbox"/>	Total Conditioned sq. ft. _____	No. of Units _____
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<p>INDUSTRIAL <input type="checkbox"/></p> <p>Provide a brief project description of operation _____</p>																									
LOAD INFORMATION																									
Lighting _____ kW Air Conditioning _____ tons Electric Heat Pump _____ tons Elec. Resistance Heat _____ kW Water Heating _____ kW	Elevators _____ kW EV Chargers _____ kW Total HP Motors _____ HP Largest Motor _____ HP Misc Power _____ kW																								
<p>Note: All motors equal to or greater than 30HP shall be provided with soft start controllers.</p>																									
VOLTAGE BEING REQUESTED																									
1Ø 208/120V, three wire <input type="checkbox"/> 1Ø 240/120V, three wire <input type="checkbox"/> 3Ø 240/120V, Open Delta <input type="checkbox"/>	3Ø 208/120V, four wire <input type="checkbox"/> See Note 1. below 3Ø 480/277V, four wire <input type="checkbox"/> See Note 1. below Primary Voltage <input type="checkbox"/>																								
<p>Note 1: 3PH four wire service will not be made available to loads less than 40kVA</p>																									
METER PAN BEING REQUESTED																									
100A Service <input type="checkbox"/> 200A Service <input type="checkbox"/> 320A Service <input type="checkbox"/>	CT Service (>320A) <input type="checkbox"/> Other <input type="checkbox"/>																								
<p>* The center of the meter pan shall be installed between 4'-0" and 5'-6" above finished grade</p> <p>** For any underground service 320A and below, DEC will furnish and install the service conductors and, if necessary, conduit from the transformer to the meter pan. Privately installed wire/conduit will not be accepted. Please contact DEC in regards to secondary wire for CT metered services.</p>																									

Date _____

Signature _____

Note: Incomplete and/or unsigned forms will not be processed and will be returned resulting in a delay. The Member is responsible to provide sufficient load data for DEC to size equipment. If the equipment is undersized due to insufficient data, the Member will be charged for equipment replacement.

Questions about your application? Please contact nservices@delaware.coop New Service Department tel. 302.349.9090 extension 258

Technical questions? Please contact Paul Greenlee tel. 302.349.3106 email pgreenlee@delaware.coop or Ryan Shockley tel. 302.349.0723 email rshockley@delaware.coop