



LOAD SHEET - RESIDENTIAL

- Please fill out form in its entirety -

APPLICANT INFORMATION	PROJECT INFORMATION
Name _____ Tax Map Parcel _____ Phone _____ E-mail _____ Service (911) Address _____ Community _____ Lot Number _____	Nearest Intersection _____ Nearest DEC Equipment No. _____ Date of Application _____ Date Service Required _____ DEC WO #/Control # - Filled out by DEC _____
Please check the box indicating that the Member acknowledges it is their responsibility for marking out all private utilities (irrigation, well water pipe, septic, etc) on property prior to construction, and installing their own conduit. <input type="checkbox"/>	
Have you had/currently have an acct. with DEC? y/n _____ If yes, Acct. # or service address _____	
TYPE OF CONSTRUCTION	SIZE OF HOUSE - SQUARE FEET
Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Apt./condo <input type="checkbox"/> Town home <input type="checkbox"/> Mobile Home <input type="checkbox"/>	Less than 1000 Sq Ft <input type="checkbox"/> 1001 - 2000 Sq Ft <input type="checkbox"/> 2001 - 3000 Sq Ft <input type="checkbox"/> 3001- 4000 Sq Ft <input type="checkbox"/> Larger than 4000 Sq Ft <input type="checkbox"/> Specify size _____ Will solar be installed on the house? Yes <input type="checkbox"/> No <input type="checkbox"/>
HVAC	CUSTOMER SERVICE PANEL
A/C _____ Ton Heat Pump _____ Ton Resistance Heat _____ kW Geothermal _____ HP Gas Furnace Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Please specify) _____	200 Amp <input type="checkbox"/> 320 Amp <input type="checkbox"/> Multi family meter stack <input type="checkbox"/> WATER HEATER - please provide kw for any electric tankless units Electric: y/n ___ Gas: y/n ___ Tankless: y/n ___ if Elec. Tankless ___ kW
MISCELLANEOUS EQUIPMENT	
EV Chargers? Yes <input type="checkbox"/> kW _____ Motor (larger than 10HP)? Yes <input type="checkbox"/> HP _____	
* For any underground service 320A and below, DEC will furnish and install the service conductors through the member installed conduit. Please contact DEC in regards to secondary wire for CT metered services. ** Meter Socket must be from the DEC approved meter socket list *** For multi-family meter stacks, please provide meter stack cut sheets to DEC for review **** The center of the meter pan shall be installed between 4'-0" and 5'-6" above finished grade	
SEPTIC (For properties without sewer)	
Approved septic plot plan <input type="checkbox"/> Central sewer <input type="checkbox"/> Please note: approved septic plot plan must be submitted before design begins.	
VOLTAGE REQUESTED (Please check a box)	
240/120V 1ø <input type="checkbox"/> 208/120V 3ø (Apartment/Multi-family) <input type="checkbox"/>	
ADDITIONAL INFORMATION (Is there anything you would like to add - for example, swimming pool, pool house, etc.)	
Residential single family <input type="checkbox"/>	Multi-family <input type="checkbox"/> Total units: _____ Building number: _____

Date _____
Signature _____
Company Name _____

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 [New Service Department tel. 302.349.9090 extension 258](mailto:NServices@delaware.coop)
Technical questions? Please contact [Paul Greenlee tel. 302.349.3106 email. pgreenlee@delaware.coop](mailto:Paul.Greenlee@delaware.coop) or [Justin Thompson tel. 302.349.3105 email. jthompson@delaware.coop](mailto:Justin.Thompson@delaware.coop)