

CITY OF SALEM ELECTRIC DEPARTMENT

P.O. BOX 869
SALEM, VA. 24153

PHONE: 540-375-3030

FAX: 540-387-4584

APPLICATION FOR COMMERCIAL / INDUSTRIAL ELECTRIC SERVICE

The following information is necessary to process your request for electric service. The information provided must be accurate. It is used to determine what equipment the City of Salem Electric Department needs to provide for your electric demand. If a contract is required by the electric rate schedule, the estimated demand below may be used as a contract demand. Any changes in electrical loads, incomplete load data, or inaccuracies may result in a delay in service installation. In addition to this form, you must submit a site plan showing the requested point of service on the building. Service arrangements must be approved prior to construction.

Name of Business _____
Type of Business _____
Service Address _____
Arch./Engr./Gen.Contr. _____ Tel.No. _____
Mailing Address _____ Fax _____
Electrical Contractor _____ Tel. No. _____
Mailing Address _____ Fax _____
New Serv. Size in Amps _____ Requested Voltage _____ Phase(1 or 3) _____
Overhead _____ Underground _____ Requested Service Date _____
Wire Size and Type _____ No.Conductors/Phase _____

INDICATE BELOW EACH LOAD (KW) AND PHASE (1 or 3)

LIGHTING

Interior _____ KW _____
Exterior _____ KW _____

BASE LOAD

Receptacles _____ KW _____
Miscellaneous _____ KW _____

WATER HEATING

Domestic _____ KW _____
Sanitary _____ KW _____

HEATING

Heat Pump Comp. _____ KW _____
Resistance Heat _____ KW _____
Air Handlers ___ Hp= _____ KW _____

COOLING

Capacity _____ tons = _____ KW _____
Air Handlers ___ Hp= _____ KW _____

MISCELLANEOUS

Cooking Equipment _____ KW _____
Refrigeration _____ KW _____
Pumps _____ KW _____
Motors _____ KW _____
_____ KW _____
_____ KW _____
_____ KW _____

TOTAL CONNECTED SINGLE PHASE LOAD = _____ KW
TOTAL CONNECTED THREE PHASE LOAD = _____ KW
ESTIMATED DEMAND = _____ KW

Information Provided By: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date Received _____ Reviewed By _____ Acct.No. _____

Approved Voltage _____ Phase _____ Metering Type : Primary _____ Secondary _____

PT Ratio _____ CT Ratio _____ Meter Type _____

Transformer(s) _____ Type : Pole _____ Pad _____ Primary Wire Size and Type _____

Secondary Wire Size and Type _____ Secondary Bus _____ Al _____ Cu _____

Comments: _____