

City of St. Robert
Electrical Service Request/Alteration Information Form

ALL AREAS MUST BE COMPELTED. IF IT DOES NOT APPLY, PLEASE MARK "N/A"

Date Submitted: _____ Location of Request/Alteration: _____

Submitted By: _____ Phone #: _____ Fax: _____

Requesters Address: _____ City: _____ State: _____ Zip: _____

The following information is required to provide a timely electric service to your project. Please complete this form and submit the requested data and a set of construction drawings. (i.e. site/grading plan and electrical) to the City Public Works Department as soon as possible, but no later than sixty (60) days prior to requesting a construction permit. Site plan (2 copies) shall include: electrical plans (2 copies) with riser and one-line diagrams. Submit one (1) Service Request/Alteration Form for each for each metered service.

CONTACTS	COMPANY	CONTACT	PHONE	FAX
Customer				
Architect				
Gen. Contractor				
Electrical Contractor				

Temporary Service Request (attach billing information for temporary and permanent service):

None: _____ Underground: _____ Overhead: _____ Temporary off Permanent: _____

Date Required: _____ Voltage: _____ Phase: _____ # Wires: _____ Panel Size: _____ amps

Project Information:

Type of Project (residential, commercial, industrial): _____ Square Footage: _____

New Construction: _____ Addition: _____ Upgrade: _____ Other (description): _____

Date of expected permanent connection to City Service: _____

Number of hours per week that facility will operate when completed: _____

Number of work shifts per day at the facility: _____

Electrical Data:

Type of Service Requested: _____ Voltage: _____ # of Phases: _____ # of Wires: _____

Panel Size: _____ amps Secondary Conductor: _____ # of Sets: _____ OH: _____ UG: _____

Information of Largest Motor:

Voltage: _____ HP: _____ LRA: _____ FLA: _____ Starting PF: _____% Running PF: _____%

NEMA Code Type: _____ # of Motor Starts/HR: _____ Motor start method: across the line: _____

Reduced voltage starting: _____ Other: _____

Information on Non Linear Loads:

Uninterrupted Power Supplies: _____ Rates HP: _____ Voltage: _____ # of Phases: _____

of Wires: _____ Battery Backup: _____ Maintenance Bypass Switch: _____

Communications Equipment: Attach a brief system description and load requirements:

Rated HP: _____ Voltage: _____ # of Phases: _____ # of Phases: _____ # of Wires: _____

Maintenance Bypass: _____ Harmonic Distortion on input supply at 50% _____ at 100% _____ loading.

