



## COMMERCIAL AND INDUSTRIAL ELECTRICAL LOAD SHEET

NAME OF CUSTOMER OR BUSINESS: \_\_\_\_\_

ADDRESS OR LOCATION OF SITE: \_\_\_\_\_

Check all that apply:	New Service	<input type="checkbox"/>	Addition to Existing Service	<input type="checkbox"/>
	Primary Metering	<input type="checkbox"/>	Secondary Metering	<input type="checkbox"/>
	Overhead Service	<input type="checkbox"/>	Underground Service	<input type="checkbox"/>

Complete all of the following:

Entrance Size	<input type="checkbox"/>	Wire Size	<input type="checkbox"/>	Number of Runs	<input type="checkbox"/>	Circle Aluminum or Copper
Amperage	<input type="checkbox"/>	Conduit Size	<input type="checkbox"/>	Number of Runs	<input type="checkbox"/>	
Voltage	<input type="checkbox"/>					
Phase	<input type="checkbox"/>					
No. of wires	<input type="checkbox"/>					

Complete all the following: (Please Circle Gas or Electric where applicable)

Heat (Gas or Electric)	<input type="checkbox"/>	KW	<input type="checkbox"/>	Volts	<input type="checkbox"/>	Phase	<input type="checkbox"/>	Amps
Air Conditioning	<input type="checkbox"/>	KW	<input type="checkbox"/>	Volts	<input type="checkbox"/>	Phase	<input type="checkbox"/>	Amps
Lighting	<input type="checkbox"/>	KW	<input type="checkbox"/>	Volts	<input type="checkbox"/>	Phase	<input type="checkbox"/>	Amps
Water Heater (Gas or Electric)	<input type="checkbox"/>	KW	<input type="checkbox"/>	Volts	<input type="checkbox"/>	Phase	<input type="checkbox"/>	Amps
Receptacles	<input type="checkbox"/>	KW	<input type="checkbox"/>	Volts	<input type="checkbox"/>	Phase	<input type="checkbox"/>	Amps
Motor Loads - Single Phase	<input type="checkbox"/>	KW	<input type="checkbox"/>	Volts	<input type="checkbox"/>	Phase	<input type="checkbox"/>	Amps
Motor Loads - Three Phase	<input type="checkbox"/>	KW	<input type="checkbox"/>	Volts	<input type="checkbox"/>	Phase	<input type="checkbox"/>	Amps

TOTAL CONNECTION AMPERAGE: \_\_\_\_\_

PROVIDE INFORMATION ON OTHER CRITICAL ELECTRICAL EQUIPMENT:

\_\_\_\_\_  
\_\_\_\_\_

Provide the following information:

Desired Service Date: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrical Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

**Form must be filled out completely. Indicate items that do not apply with "N/A". Direct any questions to the Electrical Engineering Department at (302) 736-7072**