

**Municipal Services Commission of the City of New Castle, Delaware**

*Subject to the Rules and Regulations of the Municipal Services Commission*

**Commercial Development Electric Service Application**

**Customer Information**

Owner's Name: \_\_\_\_\_

Business Tax ID # \_\_\_\_\_

Trading As (Business Name): \_\_\_\_\_

Exact Service Address: \_\_\_\_\_

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

Billing Name and Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date Service Requested: \_\_\_\_\_

**General Contractor**

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**Electrical Contractor**

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Description**

What date is the new project expected to begin? \_\_\_\_\_

Will you need temporary construction service? Yes \_\_\_\_ No \_\_\_\_\_

(Fill out the application for temporary construction service)

*\* Temporary construction service is provided on a "cost to serve" basis. This service may not be available in all locations.*

Check one: New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Renovation \_\_\_\_\_

Square Footage: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

**Required Documents**

- 1. Approved Record Plan
- 2. Complete set of working prints.
- 3. Digital Copy; DWG file

Prior to the installation of electric facilities on private property, you will be required to furnish acceptable rights of way which enables the MSC to serve your property. Please provide DEED information exactly as it appears on the deed record so that an easement can be prepared for proper signatures.

**Service Requirements**

Type of service requested: Aerial \_\_\_\_ Underground \_\_\_\_\_

Metering: Primary \_\_\_\_ Secondary \_\_\_\_\_

Voltage Requested:

120/240 1PH 3W \_\_\_\_\_ 120/240 3PH 4W \_\_\_\_\_

120/208 1PH 3W \_\_\_\_\_ 120/208 3PH 4W \_\_\_\_\_

277/480 3PH 4W \_\_\_\_\_ 7200 1PH 2W (nominal) \_\_\_\_\_

12470/7200 3PH 4W (nominal) \_\_\_\_\_

**Load Requirements**

Main Breaker Size: \_\_\_\_\_

Number of Meters: \_\_\_\_\_

Proposed connected load: \_\_\_\_\_

	<u><b>1PH</b></u>	<u><b>3PH</b></u>	
Lighting	___ KW	___ KW	
Air conditioning	___ KW	___ KW	Tons _____
Resistance heating	___ KW	___ KW	
Heat pump	___ KW	___ KW	Tons _____
Water heating	___ KW	___ KW	
Processing equipment	___ KW	___ KW	
Miscellaneous	___ KW	___ KW	
*Motors	___ KW	___ KW	

(List all motors. Indicate locked rotor amps or code designations of largest motor. Attach list if necessary)

Number of Conductors Per Phase: \_\_\_\_\_

Size of Conductors: \_\_\_\_\_

Estimate 1 hour max KW demand: 1PH Winter \_\_\_\_\_ Summer \_\_\_\_\_

Estimate 1 hour max KW demand: 3PH Winter \_\_\_\_\_ Summer \_\_\_\_\_

Estimated 1 hour diversified KW demand: 1PH Winter \_\_\_\_\_ Summer \_\_\_\_\_

3PH Winter \_\_\_\_\_ Summer \_\_\_\_\_

Will this facility have a backup power supply? Yes \_\_\_\_\_ No \_\_\_\_\_

If, yes: Gas \_\_\_\_\_ Electric \_\_\_\_\_ Other \_\_\_\_\_

(supply drawings that show how generator will work with MSC system)

I hereby agree to pay for all utility services consumed on said premises in accordance with the tariff and comply with the rules and regulations of the MSC. A DEPOSIT MAY BE REQUIRED AS A MEANS OF ESTABLISHING SATISFACTORY CREDIT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Deposit:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**FOR PLANT USE ONLY**

**Date Received:** \_\_\_\_\_

**Time Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_