



Temporary WF# _____

Permanent WF# _____

APPLICATION FOR NON-RESIDENTIAL ALTERED SERVICE/ADDED LOAD

This application must be filled out completely to ensure line extension costs are tabulated accurately. Applications may be mailed to the Engineering Department, Mason County PUD No. 3, P.O. Box 2148, Shelton, Washington, 98584. Applications may be submitted in person to the following locations: 2621 E Johns Prairie Road, 310 W Cota Street or the PUD 3 office in Belfair at 21341 E Hwy 3. Questions regarding this application? Please call us at (360) 426-0888, (360) 861-4247, or (360) 275-6518, both at ext. 5888.

Customer Information:

Organization/Business Name _____ Work # _____

Contact Person _____ Work # _____ Message/Cell# _____

E-Mail address _____ Fax# _____

Mailing Address _____ City _____ State _____ Zip Code _____

Electrical Contractor/Builder _____ Phone # _____
(contact person)

Do you give permission to PUD 3 to provide information regarding your request for service to your contractor/electrician/agent? Please initial yes or no. Yes _____ No _____

Load Information:

Requested Voltage Single Phase 120/240 Three Phase 120/208 277/480

Type of Operation _____ Building size _____ Square Feet Panel size _____ Amps

The following electric equipment is planned to be in use within (6) months of completion of the power line project. **Please attach a panel schedule.**

KW load to

NEW

EXISTING

be connected:

	<u>Single Phase</u>	<u>Three Phase</u>	<u>Single Phase</u>	<u>Three Phase</u>	<u>Hours Equipment Operated Per Day</u>
Heating	_____	_____	_____	_____	_____
Lighting	_____	_____	_____	_____	_____
Outlets	_____	_____	_____	_____	_____
Cooking	_____	_____	_____	_____	_____
Water Heating	_____	_____	_____	_____	_____
Air Conditioning	_____	_____	_____	_____	_____
	<u>Running Amps</u>	<u>Locked Rotor Starting Amps</u>	<u>Running Amps</u>	<u>Locked Rotor Starting Amps</u>	
<u>All Motors (HP)</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total HP Operated Simultaneous _____ Total HP Started _____ Estimated Days of Operation per year _____

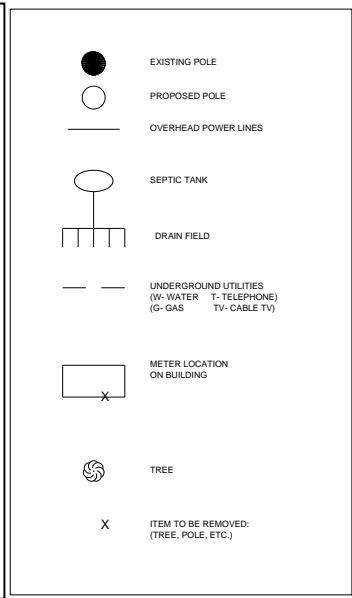
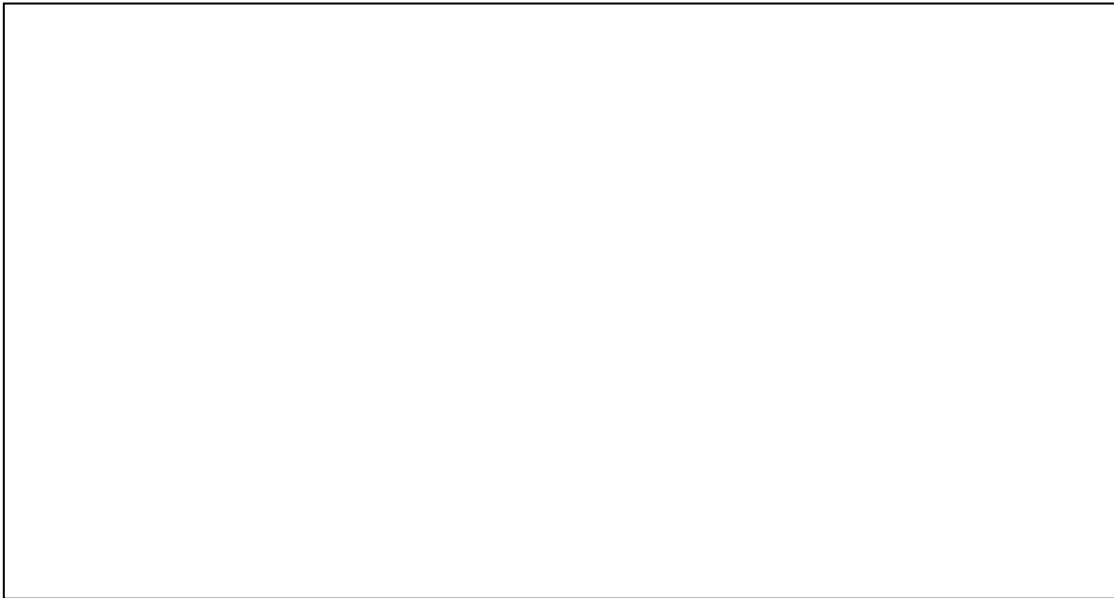
PUD 3 requires the customer's electric panel to be load balanced, otherwise unnecessary capacity and subsequent extra charges may be incurred by the customer. PUD 3 must be informed of any changes to the above information as additional charges may be assessed.

Site Information:

Service Address _____ Parcel No. _____

Directions to site _____

Would you like to meet with a PUD 3 Service Engineering Technician at the site? Yes No Phone contact _____



Please make a sketch of your service location showing the following Items:

- | | |
|---|---|
| Boundaries of tract | Location and orientation of buildings or structures |
| Location of meter base (including temporary service) | Location of poles (existing and proposed) |
| Location of septic tank (existing and proposed) | Location of roadways, driveways and clearings (existing and proposed) |
| Location of existing underground utilities | |
| Location and length of buried underground secondary service wire and size of wire | |

Additional Information:

Permanent Service:

- Overhead Underground

(Not Required to Submit Application)

Temporary Service: **NOTE: Temporary service will be disconnected upon connection of permanent service.**

- Yes No
- Overhead Underground

Building Permit # _____

State Electrical Work Permit # _____

Date Approved: _____

Additional remarks (including any future load requirements): _____

I affirm that the above information is correct to the best of my knowledge, and that I have been provided with PUD 3's Service Extension Policy, Service Rules and Regulations, and Customer Information Package. I understand that changes I make in the above information or attached drawings may increase the time required for PUD 3 to provide service and may be subject to a revision fee.

Signature

Date

PUD 3 USE ONLY

Date Received _____ By _____ Assigned to _____ Date _____

Primary Overhead Underground Field Check Date _____ Rate Schedule _____ Estimated KVA peak _____

Check # _____ Receipt # _____ Credit Approval _____ OK# _____ Date _____

Service Engineer: 1) Available secondary fault current: Single phase _____ Three Phase _____ SN _____ for _____ volts _____ KVA transformer size

2) Motor starter required for 10 HP single phase or 25 HP three phase % voltage drop _____ reduce voltage starter required

Engineer's Notes: _____
