



Berea Municipal Electrical Load Data Sheet

Please Attach Two Copies of Site Plan

Please be as specific as possible

Facility Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Directions: _____

-Electric Service Data-

Service Request Type: New Construction Existing Electric Overhead Conversion to Underground

Number of meters at this address: _____ Unit Labeling: _____

(i.e. Suites 300-308, Apts. 101-130, Units 1)

Anticipated Service Date: _____ Temporary Electric Service: Yes No (Need Date: _____)

Electric Service Type: Overhead Underground (Padmount Transformer) Underground (Pole Mount Transformer)

Entrance Size (Amps): _____ A Conduit #/Dia.: _____ / _____" Conductor #Sets/Size: _____ / _____ / (AWG/kcm)

Metering Comments: _____

Facility Has a Total Of _____ Sq.-Ft of Floor Area On _____ Floors of Which _____ Sq.-Ft. are Area Comfort Conditioned

Basement/Attic/Other Living Space Not included Above: No Yes (_____ Sq.-Ft Finished, _____ Sq.-Ft. Unfinished)

Facility Heated With: Gas Electric Facility Has _____ Tons Of Cooling Capacity Using _____ Unit(s)

Service Entrance Pipe size: _____ Inches

-Voltage And Load Data-

Requested Service Voltage/Type	Available Service BMU		Connected Loads	1-Phase kW	3-Phase kW	Office Use Only
	OH	UG				
<input type="checkbox"/> 120/240V 1-Phase, 3-wire	Yes	Yes	Space Heating	_____	_____	_____
<input type="checkbox"/> 208/120V 3-Phase, 4-wire	Yes	Yes	A/C/Heat Pump	_____	_____	_____
<input type="checkbox"/> 240/120V 3-Phase, 4-wire	Yes	Yes	Air Handlers	_____	_____	_____
<input type="checkbox"/> 480/277V 3-Phase, 4-wire	Yes	Yes	Lighting	_____	_____	_____
Other _____			Water Heating	_____	_____	_____
			Cooking	_____	_____	_____
			Refrigeration	_____	_____	_____
			Welding**	_____	_____	_____
			Misc. / Recept.	_____	_____	_____
			TOTAL:	_____	_____	_____

Based on your experience and load data, estimate what you believe the true total peak kW Demand will be

kW.

(Required Field)

**May Require Special Consideration

Data for the Largest Motor

HP: _____ Voltage: _____ Phase: _____

FLA: _____ LRA: _____

Reduced Voltage Starting: Yes No (List Type If Yes) Other, Describe: _____

(Type Reduced Start) Part Winding: (Ratio _____ - _____)

Wye-Delta Autotransformer (Tap Setting _____ %)

Solid State (Ramp Setting _____ % Current Limit _____ %)

-Contact Information-

*Responsible Party (sign below)

Name: _____

Address: _____

Address: _____

Cell Phone: _____ Alternate _____

Owner/Develop

Name: _____

Address: _____

Address: _____

Cell Phone: _____ Alternate _____

Electrical Contractor Daytime Phone: _____

Alternate Phone: _____

Name: _____

Address: _____

City/St/Zip: _____

-Comments/Additional Information-

Comments: _____

*Submitted By: _____ Dated: _____