

1. APPLICANT (person/entity responsible for signing contract/payment)
Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Cellular _____
E-mail _____

2. CONTACT (Individual responsible for coordinating with Chugach)
Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Cellular _____
E-mail _____

3. CURRENT PROPERTY OWNER(S) OF RECORD
Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Cellular _____
E-mail _____

4. LOAD INFORMATION
Description of building _____
Total demand load in kW _____

5. HEAT SOURCE Gas Electric

6. STREET LIGHTS Yes No

7. LOAD CENTERS Yes No

CIVIL ENGINEER _____
Contact _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Cellular _____
E-mail _____

ELECTRICAL ENGINEER _____
Contact _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Cellular _____
E-mail _____

8. PROJECT TITLE _____

9. JOB LOCATION
Address _____
Subdivision _____
Lots/Blocks _____
Grid(s) _____
Legal Description _____

10. SERVICE ENTRANCE
Size (amps) _____
Voltage _____
Type Single-Phase Overhead
 Three-Phase Underground

11. EMERGENCY BACKUP GENERATOR PLANNED?

Yes No

12. BUILDING PROGRESS (at time of application)
 Property Cleared Water/Sewer Installed
 Final Grade Bldg Under Construction
 Lot Corners Marked Temporary power available

If temporary power not available at site, temporary power needed by _____ (date)

13. Date Permanent Service Wanted _____

14. PLANS ATTACHED TO APPLICATION
 Site Plan Paving Electrical
 Subdivision Landscape Gas
 Grade Street Lights
Water/Sewer
 Communications
 Preliminary or Final Plat approved by Municipality

15. Zoning of Property _____
Flood Hazard Permit _____
Wetlands Permit _____

Applicant's Engineers / Contractors / Subcontractors

GENERAL CONTRACTOR _____
Contact _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Cellular _____
E-mail _____

ELECTRICAL CONTRACTOR _____
Contact _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Cellular _____
E-mail _____

APPLICANT'S SIGNATURE _____	TITLE _____	DATE _____
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