Please complete sections 1 and 3 below to ensure that proper materials are planned to meet your service requirements. Site plans must be submitted showing the following existing and planned facilities; property lines, site location, location of building, service entrance, other utilities, easements, paving, grading, etc. Three phase customers are responsible for providing necessary conduit, installing transformer pad(s), and installing all equipment on the building. Hendricks Power Cooperative will backfill trenches but is not responsible for compaction and final grading.

Submit this form to:

 David VanWye, Distribution Designer

 dvanwye@hendrickspower.com

 Direct: (317)718-7602

 Office: (317)745-5473 ext. 602

 P.O. Box 309, Danville, IN 46122

1. **Account Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Account Name: |   | Acct. No.: |   |
| Service Address: |   |
| City: |   | State: |   | Zip: |   | Phone: | ( ) - |
| Estimated Date for Permanent Service: |  / / |  |
| Primary Contact: |   | Role: |   |
| Email:  |   | Phone: | ( ) - |
| Additional Contact (Optional):  |   | Role: |   |
| Email: |   | Phone: | ( ) - |
| Type of Facility: |   | Service Entrance Size: |   | (Amps) |
| Voltage: | [ ]  120 / 240 | [ ]  120 / 208 | Phase: | [ ]  1Ø | Service Type: | [ ]  Overhead |
| [ ]  240 / 480 | [ ]  277 / 480 | [ ]  3Ø | [ ]  Underground |

**NOTE: HPC will not provide an underground delta service. Contact Distribution Designer for more information.**

**2) Office Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Work Order No: |   | Map Location: |   |
| Transformer: |
| Size:  |   | Voltage: |   | Available Fault: |   | (Amps) at  |   | (Volts) |
| Metering: |
| Unit: |   | Location: |   | Qty.: |   | Voltage: |   |
| Form: |   | PT’s: |   | CT’s: |   | Multiplier: |   |
| Asymmetrical Interrupting Rating of Switchgear or Secondary Breakers: |   | (Amps) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Designer: |   | Date: |   |  | Purchasing: |   | Date: |   |
|  | (Initial) |  |  |  |  | (Initial) |  |  |
| System Engineer: |   | Date: |   |  | Metering: |   | Date: |   |
|  | (Initial) |  |  |  |  | (Initial) |  |  |

1. **Expected Loads:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Connected Load:  |   | (KW) Demand Load: |   |  (KW) Future Load: |   | (KW) |
| Please provide additional information on expected future loads: |
|   |

|  |
| --- |
| Heating / Cooling Loads |
| Type of Heating / Cooling Unit | QTY | Starting / Locked Rotor Amps | KW Per Unit |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

|  |  |  |
| --- | --- | --- |
| Total heated / cooled square feet:  |   | ft2 |

|  |
| --- |
| Motor Loads |
| Motor Description | QTY | Starting / Locked Rotor Amps | HP Per Unit | KW Per Unit | Voltage | 3 Ø Y/N |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

**NOTE: Customer is responsible for equipment to prevent motor damage that can result from single phasing.**

|  |
| --- |
| Misc. Loads |
| Equipment Description | QTY | Starting / Surge Amps | KW Per Unit | Voltage | 3 Ø Y/N |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

**NOTE: Please specify in the tables above if any units have starting compensation.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interior Lights: |   |  (KW) Exterior Lights: |   |  (KW) Receptacles: |   | (QTY) |   |  (Total KW) |
| Additional information not on this form: |
|   |

|  |
| --- |
| **I understand that Hendricks Power Cooperative may purchase equipment and materials based on the information on this form. I will notify Hendricks Power Cooperative immediately of any changes. I understand my electrical installation must meet all requirements of the current National Electric Code and National Electric Safety Code.** |
|  |  |  |  |  |  |
| Signature: | **x** |  |  |  |  |
|  |  |  |  |  |  |
| Print Name: |   |  | Date: |  / / |  |
|  |  |  |  |  |  |