

(9-0-1 Form)

Project Name (& phase if applicable): _____

Request is for: → Information Only Electric Service Extension

Project Address: _____

**** Re: Utility Account Number:** _____

Lot #: _____ Block #: _____ Parcel #: _____

Type of Service:

- Commercial Building
- Industrial Park or Facility
- Retail Center or Building
- Residential Subdivision
- One Unit Residential
- Multi Unit Residential
- Other: _____

Project Engineer or Architect: _____

Engineering/Architectural Firm: _____

Telephone: (_____) - _____

Customer Name: _____

Customer Telephone: (____) - _____

Number of Meter Bases: _____

Service Data:

Main Breaker Size: _____ Amps Service Voltage: _____ Volts

Number of Phases (1 or 3): _____

Phase Conductor(s): _____ Size, _____ Quantity, _____ Material (Cu or Al)

Neutral Conductor(s): _____ Size, _____ Quantity, _____ Material (Cu or Al)

Secondary Service Distance (from meter to transformer): _____ Feet

Underground Requested

Number of Conduits: _____ Total

Conduit Size: _____

Number of Conductors per

Conduit: _____

Overhead Requested

Type of Mechanical Attachment to the Building or Structure:

Insulated House Knob

Eye Bolt

Other: _____

Electric Load Data:

_____ KW, Expected Peak Demand (A) (used for contract demand and transformer size)

_____ KW, Total Connected Load (sum of power used, calculated from list below)(B)

_____ Diversity Factor Expected (example 70%)(A/B)

_____ Amp Heat Pump – Compressor

_____ KW Heat Pump - Strip Heat

_____ Ton Air Conditioning (not Heat Pump)

_____ KW Resistance Heat (not Heat Pump)

_____ KW Air Handling (not Heat Pump)

_____ KW Lighting Load

_____ KW Receptacles

_____ KW Miscellaneous

_____ Hp Manufacturing Load

_____ Hp Largest motor, _____ Phase

_____ Amp Welders (Max), _____ Phase

_____ KW Refrigeration Load

_____ KW Water Heating Load

_____ KW Cooking Load

_____ KW Future Load

Additional Comments or Equipment requiring Special Attention: _____

Permanent Service Date: _____

Temporary Service Date: _____

Note: Please contact Community Development to submit drawings and plans.

Return Completed Document to:

City of Oak Ridge Electric Department

P.O. Box 1

Oak Ridge, TN 37831-0001

Submitted By:

Name: _____ Title: _____

Signature: _____ Date: _____

----- DO NOT WRITE BELOW THIS LINE -----

Contract Required: YES NO

Contract Demand: _____ kW

Up Front Cost: \$ _____

Staff Comments: _____

Copy to UBO

**** -For office use only, customer does not fill out.**

CORED Form 9-0-1, Revision 3, 3/6/2001