(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  Engineering/Architectural Firm: __________

□ Industrial Park or Facility  Telephone: (________) - __________

□ Retail Center or Building  Customer Name: _________________

□ Residential Subdivision  Customer Telephone: (_____)-________

□ One Unit Residential  Number of Meter Bases: _____________

□ Multi Unit Residential

□ Other: __________________________________________________

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  □ Overhead Requested

Number of Conduits: _________ Total  Type of Mechanical Attachment to

Conduit Size: ____________________  the Building or Structure:

Number of Conductors per

Conduit: ____________________  □ 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  _____ Hp  Manufacturing Load

_______ KW  Heat Pump - Strip Heat  _____ Hp  Largest motor, _________ Phase

_______ Ton  Air Conditioning (not Heat Pump)  _____ Amp  Welders (Max), _________ Phase

_______ KW  Resistance Heat (not Heat Pump)  _____ KW  Refrigeration Load

_______ KW  Air Handling (not Heat Pump)  _____ KW  Water Heating Load

_______ KW  Lighting Load  _____ KW  Cooking Load

_______ KW  Receptacles  _____ KW  Future Load

_______ KW  Miscellaneous

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: Submitted By:

City of Oak Ridge Electric Department  Name: ________________  Title: ________________

P.O. Box 1  Signature: ________________  Date: ________________

Oak Ridge, TN 37831-0001

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