

Electrical Load Data Sheet

For office use:
 BGEnergy Rep: _____
 District: _____
 W/O #: _____
 XFMR: _____

 Name of facility requiring electrical service () Phone

 Address

Please attach a copy of the site plan for the above facility with the desired electrical service entrance location identified.

Temporary electrical service will be needed on _____ Date

Permanent electrical service will be needed on _____ Date

<p>Voltage</p> <p>___ 120/240v single-phase</p> <p>___ 120/240v three-phase (overhead only)</p> <p>___ 120/208v three-phase</p> <p>___ 277/480v three-phase</p> <p>___ 240/480v three-phase</p>	<p>Service Entrance</p> <p>Ampacity: _____ amps</p> <p># of conduits _____ Conduit size _____</p> <p># of conductors per phase _____</p> <p>Size of conductors _____</p> <p>Service Type</p> <p><input type="checkbox"/> OH <input type="checkbox"/> UG <input type="checkbox"/> UG from pad XFMR</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Single-phase	Three-phase	
_____	_____	KW heating ___ heat pump ___ resistance ___ gas
_____	_____	KW cooling ___ tons
_____	_____	KW lighting
_____	_____	KW water heating
_____	_____	KW cooking
_____	_____	KW welding
_____	_____	KW other _____

Largest Motor

___ FLA, ___ Volts, ___ Phase

If air cond. compressor ___ LRA

Other motors _____

___ code letter ___ starts/hours

This facility has _____ sq. ft. of floor area of which _____ is comfort heated.

Owner's representative: _____ () Phone

_____ Address



_____ Signature