



# ELECTRIC SERVICE WORKSHEET – COMMERCIAL

CW# \_\_\_\_\_

**A completed form must be submitted with any permit application that includes electrical work**

**\*For solar projects, go to [lovgov.org/solar](http://lovgov.org/solar) before completing this form**

New Permanent Service  Upgrade Existing Service  Disconnect/Reconnect  Temporary Power  No Change

**Please complete the following items listed below:**

- Review [Requirements for Electric Service \(RFES\)](#), Section 4.
- Complete this form and email to [PowerDevelopment@cityofloveland.org](mailto:PowerDevelopment@cityofloveland.org) with copies of site plan, one-line diagram, panel schedules, etc.
- Submit payment/deposit to Utilities, if applicable. *\*This payment is just for the Electric Division costs. Permitting fees are paid directly to the Building Division.*
- Submit completed Electric Service Worksheet and other applicable project documents to Building Division for permitting.
- **Notify Dispatch at 970-962-3581 at least *two business days* in advance to schedule a disconnect/reconnect. Standard operating hours are Monday through Friday, 7:30am-3:30pm (excluding City holidays).** Work done outside of these hours may incur additional fees.

<b>Applicant Contact Information</b>		<b>Electrical Contractor Information</b>	
Name of Person Submitting Request: _____		Same as: <input type="radio"/> Applicant <input type="radio"/> Other (fill below)	
Company Name: _____		Company Name: _____	
Mailing Address: _____		Contact Person: _____	
Phone #:	Email:	Phone #:	Email:
<b>Monthly Utility Billing Information</b>		<b>Billing Information for Disconnect/Reconnect</b>	
Same as: <input type="radio"/> Applicant <input type="radio"/> Other (fill below)		Same as: <input type="radio"/> Applicant <input type="radio"/> Contractor <input type="radio"/> Billing Contact <input type="radio"/> Other (fill below)	
Customer Name: _____		Bill To: _____	
Mailing Address: _____		Mailing Address: _____	
Phone #:	Email:	Phone #:	Email:
<b>Location Information</b>			
Project Address: _____		Unit # _____	Within City Limits? <input type="radio"/> Yes <input type="radio"/> No
If this is part of a multi-occupancy building, give the building's entire address range: _____			
Existing Service Entrance Size (Amps): _____		Type: <input type="radio"/> Underground <input type="radio"/> Overhead	Phase: <input type="radio"/> Single-phase <input type="radio"/> Three-phase Voltage: _____ / _____
Description of work:			
Are any changes being made to the existing electric service entrance or meter(s)? <input type="radio"/> Yes <input type="radio"/> No <b>*If YES, continue filling out sections below</b>			
Will temporary service be needed? <input type="radio"/> Yes <input type="radio"/> No <b>*If YES refer to RFES section 2.3 for temp power requirements, then fill out and submit a separate ESW</b>			
<b>New Service Information</b>		<b>New Meter Information</b>	
New Service Entrance Size (Amps): _____ Voltage: _____ / _____		For multi-occupancy buildings, tenant meters will only be installed for spaces being finished under this permit. Core & Shell only projects will only receive a house meter on the C&S permit.	
Phase: <input type="radio"/> Single-phase <input type="radio"/> Three-phase <input type="radio"/> Underground <input type="radio"/> Overhead <input type="radio"/> Overhead to Underground			
Service Terminates in: <input type="radio"/> Main Disconnect <input type="radio"/> Gutter <input type="radio"/> Metering Equipment		Max. Potential # of Meters at Build Out: _____ of _____	
Conductors per phase: _____ Conductor Size: _____		<b>Size and Number of New Meters Being Requested</b>	
Conduits Number: _____ Conduit Size: _____		<b>Commercial Meters</b>	<b>Residential Meters</b>
Estimated Date of Service Energization: _____		____ Ph ____ W ____ / ____ V	____ Ph ____ W ____ / ____ V
<b>Customer Fees (Completed by Distribution Designer)</b>			
Deposit \$ _____	<input type="checkbox"/> Bill for actuals		
Flat Fee \$ _____	<input type="checkbox"/> @ _____ Amps		
<input type="checkbox"/> @ 200 Amps (or less)			
<input type="checkbox"/> @ 400 Amps (or less)			
<input type="checkbox"/> @ _____ Amps			
<input type="checkbox"/> @ 200 Amps (or less)			
<input type="checkbox"/> @ 400 Amps (or less)			
<input type="checkbox"/> @ _____ Amps			

By signing and submitting this form, you acknowledge and agree to the City of Loveland Requirements for Electric Service (available online and in person). These requirements apply to all new electric installations and additions to or modifications of existing electric installations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Electric Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(TO BE SIGNED AFTER REVIEW BY THE ELECTRIC DIVISION AND/OR AFTER THE DEPOSIT HAS BEEN PAID)