Multi-Family, Commercial, Industrial
New Construction Electric and/or Natural Gas Service Application

Return Instructions: Submit your application, development plan and profile, and plat of survey to:
E-mail: co-non-design-central@we-energies.com
Mail: We Energies Central Group, P.O. Box 2046, Milwaukee, WI 53201
Fax: 262-574-6401 or 800-632-1460
Questions: Visit we-energies.com or call 866-423-0364

Note: See Engineering Plans section for further instructions.

Service Request

☐ Electric — Estimated date electric service required: ____/____/____
If needed, estimated date temporary service required: ____/____/____
☐ Natural Gas — Estimated date natural gas service required: ____/____/____

Note: Installations occur approximately three weeks after all requirements are met.

Site Information

Address/Fire Number: _____ Street: _____

☐ City / ☐ Town / ☐ Village (enter taxing municipality): _____ State: _____ ZIP: _____

County: _____ Development Name: _____

Project Type: ☐ Commercial ☐ Industrial ☐ Multi-Family – # of Units:____

Current Construction Stage: ☐ Pre-Construction ☐ Grading/Excavating ☐ Foundation ☐ Framing ☐ Mechanicals ☐ Finishing

Business Type: (i.e., restaurant, retail, etc.): _____

Owner Information

Business Name: _____ Tax ID#: _____ Exempt? ☐ Y ☐ N

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Contact Name: _____ Additional Contact: _____

Phone: (_____) _____ Phone: (_____) _____

Fax: (_____) _____ Fax: (_____) _____

E-mail: _____ E-mail: _____

Preferred Contact Method: ☐ Phone ☐ E-mail Preferred Contact Method: ☐ Phone ☐ E-mail

Builder / Contractor Information

Company Name: _____ Company Phone: (_____) _____

Contact Name: _____ Contact Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Address: _____ Preferred Contact Method: ☐ Phone ☐ E-mail

City: _____ State: _____ ZIP: _____ Social Security # /Tax ID #: _____

Responsible Party

Who is responsible for electric/natural gas installation charges?
☐ Building Owner ☐ Builder / General Contractor

Who is responsible for electric/natural gas usage during construction?
☐ Building Owner ☐ Builder / General Contractor

For Office Use Only Rec'd Date _____

Scanned _____ Mtr Rdg Rte _____ Town Code _____

Premise ID _____ AMR? ☐ Y ☐ N

Gas WR # _____ Electric WR # _____

Gas Copy to _____ Elec Copy to _____

Cust. ID # _____ Acct # _____

Check Instant ID ☐ Y ☐ N Refer to Positive ID ☐ Y ☐ N

Engineering Plans

Status of Plans: ☐ Conceptual ☐ Preliminary ☐ Pre-Final ☐ Final Date of Plans: _____/_____/_____

Please submit the following layers from your plans:

- Drainage, easements, retention ponds
- Buffer zones and preservation areas
- Topographic lines which establish final grade
- Other areas and easements the utility must avoid
- Water
- Sewer and storm sewer
- Wetlands
- Paved areas

The plans and plat of survey are preferred electronically and accepted in DGN, DWG, DFX or CAD format. Please submit these to newlandbase@we-energies.com. If plans and plat of survey are not available electronically, mail us two sets of each.

Are there plans for future development? ☐ Yes ☐ No If yes, show location(s) on plat or plans.

Note: Any changes in the plat of survey or plans made during the project must be communicated promptly to your We Energies representative. This may result in delays in scheduled construction and/or additional costs.

Engineering Firm

Company Name: _____ Company Phone: (_____) _____

Contact Name: _____ Contact Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Address: _____ Preferred Contact Method: ☐ Phone ☐ E-mail

City: _____ State:_____ ZIP: _____

Environmental Information for the Site

If the answer to any of the following questions is yes, we require a copy of your environmental permits, reports or sampling data before construction begins:

Are there wetlands, waterways, or ground waters?	☐ Yes	☐ No	☐ Unknown
Are there threatened or endangered species?	☐ Yes	☐ No	☐ Unknown
Are there cultural or historical resources?	☐ Yes	☐ No	☐ Unknown
Are you aware of any hazardous spills or materials?	☐ Yes	☐ No	☐ Unknown

Note: If any of the above are discovered during construction, crew activity will stop and we will notify you of subsequent action. This may result in delays in scheduled construction and/or additional costs.

Meter Location Requirements

Indicate the following information on the plans and plat of survey:

- The electric meter locations(s) with an "E." Number of electric meters required: _____ Public meter? ☐ Yes ☐ No
  Meter location is _____ft. _____ of _____ corner (Ex: 3 ft. S of NW corner)
- The natural gas meter location(s) with a "G." Number of natural gas meters required: _____ Public meter? ☐ Yes ☐ No
  Meter location is _____ft. _____ of _____ corner (Ex: 3 ft. S of NW corner)
- Separate addresses are required for each meter requested and should be listed on a separate sheet including the way addresses will be designated (A-Z, 1-10, etc.).
- Be sure to designate each unit number on the floor plans.
- Choose your meter locations carefully; there is a charge for relocating your meter/service.
- A pipe trace is required to ensure each meter is serving the correct unit. There is no charge for the initial trace; if additional traces are required, the responsible party will be charged the actual time for the additional visit(s).
- Meter guards are required in traffic areas and will be installed at an additional charge if necessary.

Electric Service Information (Complete this section only if electricity will be provided by We Energies)

Permanent Service

Service Size: ☐ 100 Amps ☐ 200 Amps ☐ 320 Amps
☐ Other _____ Amps

Service Type: ☐ Underground ☐ Overhead

Voltage: ☐ Single Phase 120/240
☐ Three Phase 208Y/120
☐ Three Phase 480/277
☐ Other _____

Temporary Service (if required)

Service Size: ☐ 100 Amps ☐ 200 Amps ☐ 320 Amps
☐ Other _____ Amps

Service Type: ☐ Underground ☐ Overhead

Voltage: ☐ Single Phase 120/240
☐ Three Phase 208Y/120
☐ Three Phase 480/277
☐ Other _____

Electrical Equipment Specifications

Connected Load*: Power _____kW
Lighting_____kW
Total _____kW

***Note:** Include equipment and motor loads from below.

Estimated Peak Demand_____ kW
Estimated Future Peak Demand_____ kW

Equipment:

☐ Air Conditioner	_____ Tons	☐ Hydraulic Elevator	_____ kW
☐ Space Heating	_____ kW	☐ Welder	_____ kW
☐ Electric Water Heating	_____ kW	☐ Industrial Furnace	_____ kW
☐ Other Major Equipment (specify) _____			_____ kW

Motors: Largest Motor Size_____ HP Code Letter (if known) _____
Amps _____ Frequency of Start _____ Inrush_____
Motor Application _____
Will more than one motor start at a time? ☐ Yes ☐ No

Electrical Contractor Information

Company Name: _____ Company Phone: (_____) _____
Contact Name: _____ Contact Phone: (_____) _____
E-mail: _____ Fax: (_____)_____
Address: _____ Preferred Contact Method: ☐ Phone ☐ E-mail
City: _____ State: ____ ZIP: _____

Natural Gas Service Information (Complete this section only if natural gas will be provided by We Energies.)

Delivery Pressure

☐ Standard (7" wc) ☐ Elevated (2 psig) ☐ Other (please specify - 5, 10, etc.): _____(psig)

- Requests for delivery pressure greater than 2 psig requires submittal of final design calculations. See National Fuel Gas Code (2002 or later edition) for suggested format.
- Check with heating dealer if unsure of pressure; there is a charge for changes to pressure after installation.

Wall Construction at Meter Location

☐ Masonry Block/Brick ☐ Poured Concrete ☐ Metal Wall Panel ☐ Wood Frame

Natural Gas Equipment Specifications

Type	Quantity	BTUs	Type	Quantity	BTUs

Natural Gas Service Information (continued)

Natural Gas Contractor Information

Heating Contractor Name: _____ Company Phone: (_____) _____

Contact Name: _____ Contact Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Address: _____ Preferred Contact Method: ☐ Phone ☐ E-mail

City: _____ State: _____ ZIP: _____

Plumbing Contractor Name: _____ Company Phone: (_____) _____

Contact Name: _____ Contact Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Address: _____ Preferred Contact Method: ☐ Phone ☐ E-mail

City: _____ State: _____ ZIP: _____

Location of Customer-Owned Facilities and Natural Obstacles

For any above or underground facilities or obstacles on your property, check the appropriate box(es) below and mark them on your plat of survey.

☐ Well ☐ Outdoor Lighting ☐ Sewer Lateral ☐ Private Electric ☐ Underground Tank/Fuel Lines

☐ Septic ☐ Steep Hill ☐ Sprinkler System ☐ Drain Tiles/Downspouts ☐ Customer-Owned Cable

☐ Trees ☐ Retaining Wall ☐ Wetlands/Creeks ☐ Sump Pump Discharge ☐ Other _____

☐ Rock ☐ Future building additions, concrete slabs, etc.

Note: We Energies and/or its agents are not responsible for damage to your facilities that are not properly marked before our work begins.

Important Electric and Natural Gas Service Information

- Additional charges for electric and/or natural gas installations apply from Dec. 1 through March 31. To avoid these charges:
    - Option 1: The completed and signed Ready for Service card(s) for electric and/or natural gas service needs to be submitted to We Energies on or before Nov. 30. By submitting the card, you are verifying that all ready for service requirements are met.
    - Option 2: Request your electric and/or natural gas facilities to be scheduled for installation during the weeks following March 31.
- A 4-foot horizontal and 10-foot vertical separation is required between the natural gas service regulator and sources of ignition or appliance/equipment air intakes. This same separation also is recommended in the proximity of operable windows and doors.
- To avoid additional installation charges, the electric and natural gas meters should each be located on the exterior wall closest to the facilities from which they will be served.
- Clear a minimum 10-foot-wide path along the service route from the property line to the meter location. Please make sure obstacles like dirt piles and construction materials are not in the way.
- Allow approximately 30 days for us to obtain the required permits for electric and/or natural gas service installation.

Surface Restoration

After our construction activity is complete, we will replace the excavated soil and mound the affected area. Please review our restoration practices before submitting your application. This will help you better understand what to expect with surface restoration.

Visit www.we-energies.com/surfacerestoration to learn more.

Authorization

I certify that I own or am the authorized representative of the person(s) who owns the property indicated in this application. I certify the information provided is accurate and will promptly inform We Energies of any plan revisions. If installation requirements differ from what is submitted on this application, I understand these changes may result in delays and/or an increased cost to me.

Signature:_____ Date:_____/_____/_____

Printed Name: _____

We value you as a customer and look forward to working with you.