

Electric and/or natural gas service change request



Change request (check all that apply)

Electric

- ☐ Service rewire/upgrade
☐ Service relocation
☐ Meter change(s) or addition(s)

Estimated date required: ____/____/____

Natural gas

- ☐ Service relocation
☐ Change in delivery pressure
☐ Meter change(s) or addition(s)

Estimated date required: ____/____/____

Site information

Address/Fire number: _____ Street: _____

Second address (if two-unit dwelling): _____

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

County: _____ Business type (i.e., retail, factory, etc.): _____

Building type: ☐ Residential ☐ Commercial ☐ Multifamily ☐ Industrial ☐ Other: _____

Owner information

Name: _____ Social Security #: _____ Tax exempt? ☐ Yes ☐ No

Preferred contact method: ☐ Phone ☐ Email Phone: (____) _____ Email: _____

Mailing address: _____ City: _____ State: ____ ZIP: _____

Responsible party

Who is responsible for electric project costs? ☐ Owner ☐ Electrical contractor ☐ Builder

Who is responsible for natural gas project costs? ☐ Owner ☐ Natural gas contractor ☐ Builder

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, site plan or sketch details.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Well | <input type="checkbox"/> Wetlands/creeks | <input type="checkbox"/> Future decks, additions, structures or fencing | <input type="checkbox"/> Yard lighting |
| <input type="checkbox"/> Septic | <input type="checkbox"/> Bedrock (rocky ground) | <input type="checkbox"/> Retaining wall | <input type="checkbox"/> Electric dog fence |
| <input type="checkbox"/> Sewer lateral | <input type="checkbox"/> Steep hill | <input type="checkbox"/> Underground tank/fuel lines | <input type="checkbox"/> Sprinkler system |
| <input type="checkbox"/> Drain tiles/downspouts | <input type="checkbox"/> Trees | <input type="checkbox"/> Customer-owned cable/electric | <input type="checkbox"/> Other: _____ |

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

FOR OFFICE USE ONLY

Rec'd date: _____ Scanned: _____

Gas WR #: _____ Electric WR #: _____

Town code: _____ AMR ☐ Y ☐ N

COMPLETE THIS PAGE FOR ELECTRIC CHANGES

Electric project details (check all that apply)

- ☐ **Service rewire/upgrade:** If the rewired service is not going to remain in its current location, please fill out the **Meter Change(s) or addition(s)** section below.

Existing electric service:

Service type: ☐ Overhead ☐ Underground
Service size: ☐ 100 amp ☐ 200 amp ☐ Other: _____ amp
Service voltage: ☐ 120/240V ☐ 120/208V ☐ 240V ☐ 480V ☐ 277/480V
☐ 1 phase ☐ 3 phase

New electric service:

Service type: ☐ Overhead ☐ Underground
Service size: ☐ 100 amp ☐ 200 amp ☐ 320 amp ☐ Other: _____ amp
Service voltage: ☐ 120/240V ☐ 120/208V ☐ 277/480V
☐ 1 phase ☐ 3 phase

Equipment: ☐ Air conditioner: _____ tons ☐ Hydraulic elevator: _____ kW
☐ Customer-owned generation: _____ kW ☐ Electric vehicle charger: _____ kW
☐ Space heating: _____ kW ☐ Welder: _____ kW
☐ Electric water heating: _____ kW ☐ Industrial furnace: _____ kW
☐ Geothermal: _____ tons ☐ Other major equipment: _____ kW

- ☐ **Outlet location letter (commercial only) needed by:** _____ / _____ / _____

For **commercial** rewires, please fill in the electrical equipment specifications below:

Connected load *: Power: _____ kW ***Note:** Include Estimated peak demand: _____ kW
Lighting: _____ kW equipment and Estimated future peak demand: _____ kW
Total: _____ kW motor loads.

Motor starting method: ☐ Across the line ☐ Soft start (specify type): _____
Maximum current during soft start: _____ amps

Motors: Largest motor size: _____ HP code letter (if known): _____
Running amps: _____ Start frequency: _____ Inrush amps (LRC): _____
Motor application: _____ Will more than one motor start at a time? ☐ Yes ☐ No

Note: If rewiring from overhead to underground, provide a sketch (see last page) or certified plat of survey illustrating the location of any privately owned underground facilities and the location of any deck, pool, landscaping, sidewalks or driveways that may obstruct the service path.

- ☐ **Service relocation**

Reason for relocation: _____

Existing meter location: _____ feet _____ of _____ corner (e.g., 3 feet S of NW corner)

Requested meter location: _____ feet _____ of _____ corner (e.g., 3 feet S of NW corner)

Is a temporary service required? ☐ Yes ☐ No

Note: Provide a sketch (see last page) or certified plat of survey indicating existing and requested meter location.

- ☐ **Meter change(s) or additions(s)**

☐ Install: _____ additional meter(s)

☐ Remove: _____ meter(s)

(For multiple meters, see note below)

Address/Unit#: _____

Meter#: _____

- ☐ **Change use on existing meter(s)**

☐ Change equipment

☐ Consolidate use

Meter#: _____

Note: For multiple meters, separate addresses are required for each meter requested and should be listed on a separate sheet that includes the way addresses are designated (A-Z, 1-10, etc.).

Electric contractor/builder information

Company name: _____ Company phone: (_____) _____

Contact name: _____ Contact phone: (_____) _____

Email: _____ Preferred contact method: ☐ Phone ☐ Email

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

Electrician license #: _____ Master electrician: ☐ Yes ☐ No

COMPLETE THIS PAGE FOR NATURAL GAS CHANGES

Natural gas project details (check all that apply)

☐ Service relocation

Reason for relocation: _____

Existing meter location: _____ feet _____ of _____ corner (e.g., 3 feet S of NW corner)

Requested meter location: _____ feet _____ of _____ corner (e.g., 3 feet S of NW corner)

Note: Provide a sketch (see last page) or certified plat of survey indicating existing and requested meter location.

☐ Change in delivery pressure

Existing pressure: ☐ Standard - 7" WC ☐ Elevated - 2 psig ☐ Other ____ psig

Requested pressure: ☐ Standard - 7" WC ☐ Elevated - 2 psig ☐ Other ____ psig

Note: If elevated pressure (2 psig) is requested, confirmation must be provided to We Energies that appliance regulators have been installed prior to scheduling the appointment for the pressure change. Requests for delivery pressure greater than 2 psig require submittal of final design calculations. See National Fuel Gas Code (2002 or later) for suggested format.

☐ Meter change(s) or additions(s)

☐ Install: _____ additional meter(s)

☐ Change use on existing meter(s)

☐ Remove: _____ meter(s)

☐ Change equipment

Address/Unit#: _____

☐ Consolidate use

Meter#: _____

Meter#: _____

Note: For multiple meters, separate addresses are required for each meter requested and should be listed on a separate sheet that includes the way addresses are designated (A-Z, 1-10, etc.). 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).

If any of the above projects require a change in natural gas use, please complete the following:

Existing natural gas equipment specifications:

Type	Quantity	Total BTU/h	Type	Quantity	BTU/h
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New natural gas equipment specifications:

Type	Quantity	Total BTU/h	Type	Quantity	BTU/h
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any additional equipment on a separate sheet in the same format.

Natural gas contractor/builder information

Company name: _____ Company phone: (_____) _____

Contact name: _____ Contact phone: (_____) _____

Email: _____ Preferred contact method: ☐ Phone ☐ Email

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

Environmental information for site

Do you have any wetlands, waterways, ground waters; threatened or endangered species; cultural or historical resources; hazardous spills or materials?

☐ Yes ☐ No If yes, please explain: _____

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.

Lawn/pavement repair

After installation is complete, we will backfill with existing soil. For further explanation on lawn and pavement repair, please visit www.we-energies.com/services/lawn-pavement-repair

Authorization

For the property owner's and general public's safety, We Energies does not condone the temporary bypassing of any electric service entrance equipment, breakage of meter seals, and the removal/installation of meters. This applies to new, rewired or relocated electric service facilities.

The National Electric Code does not allow, nor recognize, special exceptions for the temporary energizing of service equipment. Services must be installed in a manner that meets the requirements for a permanent installation. If you have questions, please discuss with your We Energies representative for clarification and direction. By signing this application, you are acknowledging you understand this requirement and will not hold We Energies liable for any loss of property or harm to person for failing to comply with this requirement. Also, you understand if a temporary installation is discovered prior to We Energies scheduled cutover, We Energies reserves the rights to immediately make the area safe, which may include disconnection/interruption of the electric service. A fee may be required to re-energize.

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 increased cost to me.

Signature: _____ Date: _____ / _____ / _____

Printed name: _____

Sketch details

If you are requesting a natural gas relocation, an electric relocation, or an electric underground service rewire, please sketch the building site in the space below providing the following information:

- Dimension of building
- Planned future decks, pools, etc.
- Note any private underground facilities
- Any building additions and dimensions
- Indicate existing service line and meter location
- Indicate requested service line and meter location

• If available please include the following items:

- A plat of survey or certified survey map
- Construction site plan for building addition
- Floor plans for building addition

Indicate north

Lot line _____

Street name _____

Customer comments

Return instructions: Submit your completed application:

Email: co-non-design-central@we-energies.com

Mail: We Energies Central Group, PO Box 2046, Milwaukee, WI 53201

Fax: 262-574-6401 or 800-632-1460

Questions: Visit we-energies.com or call 866-423-0364

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