

UTILITY SERVICE APPLICATION FOR PERMANENT SINGLE FAMILY RESIDENTIAL ELECTRIC, WATER, GAS, AND WASTEWATER SERVICE

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE THIS APPLICATION CAN BE PROCESSED.

Applicants requesting electric service will receive a copy of this form with City of Palo Alto Utilities (CPAU) comments upon completion of review and approval.

Project Address:		Building Permit Number:	
Name of Applicant/ Company		<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Consultant	
Address		Email:	
City / State / Zip		Phone #	

CONNECTION / INSTALLATION FEE BILLING INFORMATION

Name		Email:	
Address			
City / State / Zip		Phone #	

Services Requested and desired date:	<input type="checkbox"/> Electric _____	<input type="checkbox"/> Water _____	<input type="checkbox"/> Gas _____	<input type="checkbox"/> Wastewater _____
Project Type (check all boxes that apply)	<input type="checkbox"/> New Construction/New Service	<input type="checkbox"/> Addition/Rebuild	Total building area _____ SQ FT	

Description of Work (pertaining to Utilities)	

Please attach a site plan and floor plans showing existing & proposed water, gas, and electric service locations; street side sanitary sewer cleanout; backflow preventers; window schedule; and elevation pages. NO FULL SET SUBMITTALS REQUIRED

WATER LOADS (PER METER)		GAS (PER METER) & ELECTRIC LOADS		
DESCRIPTION	QTY	DESCRIPTION	LOADS (EXISTING + NEW)	UNIT
NUMBER OF FULL BATHROOMS		WATER HEATER/TANKLESS		BTUH
NUMBER OF HALF BATHROOMS		POOL/SPA HEATER		BTUH
ADDITIONAL SHOWERS TO A BATHROOM		SPACE HEATING/HEAT PUMP		BTUH
NUMBER OF KITCHENS (1 SINK & 1 DISHWASHER)		COOKING EQUIPMENT		BTUH
NUMBER OF LAUNDRY (1 SINK & 1 WASHING MACHINE)		CLOTHES DRYER		BTUH
NUMBER OF HOSE BIBS		FIRE LOG/FIREPLACE		BTUH
NUMBER OF SINKS/WETBARS (NOT KITCHEN SINK)		AIR CONDITIONING		kW
FIRE SPRINKLER LOAD IN GPM		ELECTRIC VEHICLE CHARGER		kW
		PHOTOVOLTAIC/GENERATOR		kW
		OTHERS		

TYPICAL GAS APPLIANCES			
APPLIANCES	BTUH	APPLIANCES	BTUH
BARBEQUE	75,000	RECESSED OVEN	25,000
CLOTHES DRYER	35,000	FIREPLACE/LOG	50,000
GAS RANGE	65,000	TOP BURNER	40,000

ELECTRIC (Include Electric Single Line Diagram of Proposed Installation)

SERVICE INFORMATION	Existing	Requested
Main Switch Size (Amps)		
Service Type (Check One)	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground
Number of Meters and Location (NOTE: Only one service per parcel)		

I understand and acknowledge that the City of Palo Alto Utilities will design and install its facilities based on the load and usage information I provide on this Service Application. Should this information change at a later date and require the redesign, replacement, or reinstallation of the Electric, Water, Gas, or Wastewater service(s) requested, I may incur additional costs. _____ Initial Here

Applicant Name	Signature	Date:
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Utility Service Applications involving electric utility work will be reviewed and returned to the applicant with comments. You should be sure your application is approved by Electric Engineering before proceeding with your project to avoid any delays or changes. Comments from Engineering back to the applicant will be provided on page 2 of this application and the applicant must comply with City of Palo Alto requirements before final electrical connection is performed by Utilities.

SEE NEXT PAGE FOR REMARKS RETURNED FROM CPAU → → → →

NOTES FOR APPLICANT

1. All work per CEC and CPA standards. For more details, visit www.cityofpaloalto.org/ElectricServiceRequirements
 2. Payment of the final invoice must be received by the City of Palo Alto before any work will be scheduled.
 3. Call electric operations (650-496-6914) for service disconnect and reconnect, if required.
 4. All work must be inspected and approved by CPAU (650-496-5934) & CPA Building (650-329-2496) prior to connection by Utilities.
 5. AIC rating is based on the proposed meter location. CPAU must be notified of any changes as this may affect the available short circuit current at the panel and the required AIC rating of the panel.
- Additional Sheets are Attached: Yes No

Electric Service Information <i>(CPAU use ONLY)</i>		Service Order Number	
Estimated Demand	kVA	Transformer kVA and Type	
Map Number		Transformer Number(s)	
Fees	\$	Unless otherwise noted below * Standard <u>Min</u> AIC rating for panel ≤ 200 – 10,000 amps Standard <u>Min</u> AIC rating for panel > 200 – 27,300 amps *	
Electric Application Approved by:		Phone #:	Date:

*Alternatively, per CPAU Engineering, the following AIC rating might be used for the requested electric panel:
 _____ **A Sym** at _____ **V** with a minimum _____ **ft. service cable length** (assuming that CPAU's standard cables are used)