

**ELECTRIC APPLICATION
TEMPORARY ELECTRIC SERVICE**

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE IT CAN BE PROCESSED. SHADED AREAS ARE FOR CPAU USE ONLY.

This form will be sent back to the applicant after review.

- THIS APPLICATION IS FOR TEMPORARY SERVICE ONLY. A SEPARATE "UTILITY APPLICATION" MUST BE COMPLETED FOR THE PERMANENT SERVICE.
- SUBMIT THIS FORM TO THE BUILDING DEPARTMENT 285 HAMILTON, PALO ALTO, CA 94301 OR FAX TO (650) 566-4536 OR DELIVER IT TO 1007 ELWELL CT., PALO ALTO, CA 94303
- FOR QUESTIONS CALL THE ELECTRIC ENGINEERING MAIN LINE AT (650) 566-4500.

Building Department Permit Number:		Utilities Engineering Permit Number:	
Project Address:		Date:	
Name of Applicant / Company:		Tel:	
Address:	City / State:	Zip:	Email:
BILLING INFORMATION			
Name:		Tel:	
Address:	City / State:	Zip:	Email:

SERVICE TYPE (check appropriate boxes) Overhead Underground Commercial Residential

****Attach a site plan (and a photograph of proposed service location) showing the outline of the dwelling, property lines, existing and proposed service locations. ****

SERVICE INFORMATION	REQUESTED (Check appropriate information)		
Service Voltage	120/240V 1 phase	120/208V 1 phase	120/208V 3 phase
Service Location	Temp Post	Portable Building	
Main Switch Size (Amps)	100 Amp	200 Amp	Other (specify): _____

Electric Service Information (CPAU Use ONLY)		Service Order Number		
Estimated Demand	kVA	Transformer kVA and Type		
Map Number		Transformer Number(s)		Pole #
Fees	\$	Minimum AIC rating of Electric Panel for requested service:	,000 A Sym at	V for 1 phase, 3 wire
			,000 A Sym at	V for 3 phase, 4 wire

- ALL work per NEC and CPA Standards.
- CALL the Electric Engineering Main Line 566-4500 to have the TEMP POST or PORTABLE BUILDING location marked prior to installation.
- All work must be inspected and approved by the CPAU Inspector (650-496-6977) and Building Department (650-329-2496) prior to final connection by Electric Operations.
- Call Electric Operations (650-496-6914) for a service Disconnect / Reconnect.
- AIC Rating for the electric panel proposed for the above project must be at least _____,000amps (line to neutral)
- Installation will be granted 1 -2 business days after all fees are paid.

Approved by:	Tel:	Date:
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Request for Temporary Electric Service

Service Address	
Street # _____	Street Name _____

****To be completed by the party paying for the monthly usage on the temp power meter****

Contractor or Owner Information		
_____ Company or Owner Name (One applicant only)	_____ Phone Number	
_____ Billing Address: Street # and name		
_____ City	_____ State	_____ Zip Code
_____ Primary Contact Person	_____ Contact Phone	
_____ Email Address		
_____ Federal Tax ID (If company only)	_____ Social Security Number (If owner)	

This is to confirm that temporary electric service has been requested by the above party and that all charges for such service will be billed to them until the temporary service account is closed or permanent power has been set.

Signature

Date