

RESIDENTIAL ONCOR ELECTRIC DELIVERY CUSTOMER REQUIREMENTS

Please Complete in Full and return to Project Manager
Authorized Representative: please sign and date form

Company Use: Design # _____

General Information

Retail Customer: _____ Project Address: _____ Mailing Address: _____ Job Superintendent/Builder _____ Phone: _____ Cell: _____ Electrician: _____ Phone: _____ Cell: _____

<i>If available - Electric</i> Temporary Premise Number: _____ Permanent Premise Number: _____	<i>If available - Gas</i> Permanent Account Number: _____	<p style="text-align: center;">Additional Service Design Charge</p> <p>This charge is made for preparing iterative designs to provide new service to a specific location where such iterations are at the request of the Retail Customer/CR for the Retail Customer's sole benefit. The initial two designs on a project will be included in the system charges; any additional designs will be done at Retail Customer's expense pursuant to this charge.</p>
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Electric Requirements

<ul style="list-style-type: none"> <input type="checkbox"/> Site Plan: Please indicate on site plan desired meter and transformer locations. <input type="checkbox"/> <i>For subdivisions & multi-family projects a plat is required (2 copies) and if applicable - 2 full sets of civil plans.</i> <input type="checkbox"/> Load Detail (See Page 2 attached). For multi-family projects, detailed load by apartment model & building type is required. <input type="checkbox"/> Requesting voltage _____ Total Load in AMPS _____ <input type="checkbox"/> Square Footage of residence _____ <input type="checkbox"/> Desired service type- Underground _____ Overhead _____ <input type="checkbox"/> Provide a copy of the Warranty Deed information along with survey notes for electric easement requirements <p>Request Dates: ___/___/___ Temporary Service ___/___/___ Permanent Service</p> <p><i>*Oncor Electric Delivery will provide the least cost design. This design will be considered iterative design #1.</i> <i>*Allow up to 10 business days for a preliminary cost estimate. An additional 3 weeks (Minimum) for scheduling a Oncor Electric Delivery crew.</i> <i>*Any required permits/easements and surveying will necessitate additional design time.</i> <i>*Excess facilities at the request of the customer shall result in additional charges to the customer.</i> <i>*It is the customer's responsibility to clear rights-of-way for the installation of Oncor Electric Delivery distribution facilities to Company specifications.</i></p> <p>Notes: _____ _____</p>
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Gas Requirements

<ul style="list-style-type: none"> <input type="checkbox"/> Site Plan: Mark desired meter location <input type="checkbox"/> Gas Load Summary – Total _____ <input type="checkbox"/> BTU's or <input type="checkbox"/> CFH <input type="checkbox"/> Delivery Pressure: 4 oz. _____ 2 lbs. _____ 5 lbs. _____ <input type="checkbox"/> ___/___/___ Service Line Request ___/___/___ Gas Meter Request <p>Special Requirements: _____ _____</p> <p><i>*Special metering will require longer lead times</i></p>

Signature	Title	Phone	Date
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Oncor Electric Delivery LOAD REQUIREMENT FORM

Total Electric Home

LOAD REQUIREMENTS

HVAC INFORMATION:

Central A/C Room Units

Tons	SEER rating
_____	_____
_____	_____
_____	_____

HEATING INFORMATION:

Electric kW/Each	Gas BTU/Each	Heat Pump
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Water Heater	Quantity	Gallons	Electric	Gas	Range	Electric	Gas	Pool	Heated Pool	Spa	Sauna
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTOR LOAD INFORMATION:

Quantity	Phase	Volts	Conn HP/Each	Type Start	Equipment Description
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIGHTING & MISCELLANEOUS LOAD INFORMATION:

Quantity	Equipment Description	Volts	Connected KW/Each
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GAS LOAD REQUIREMENTS

Quantity	Equipment Description	BTU's / Unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____