



Choctawhatchee Electric Cooperative
 PO Box 512
 DeFuniak Springs, FL 32435

ENGINEERING DEPARTMENT
 Telephone: 850-892-2111
 Fax: 850-892-9470

ELECTRIC SERVICE DATA REQUEST

APPLICANT FOR SERVICE

Name _____
 Address _____
 Phone _____

LOCAL REPRESENTATIVE

Name _____
 Title _____
 Address _____
 Phone _____

ARCHITECT

Firm _____
 Contact _____
 Address _____
 Phone _____

CONSULTING ENGINEER

Firm _____
 Contact _____
 Address _____
 Phone _____

GENERAL CONTRACTOR

Firm _____
 Contact _____
 Address _____
 Phone _____

ELECTRICAL CONTRACTOR

Firm _____
 Contact _____
 Address _____
 Phone _____

REQUESTED SERVICE TYPE _____ Overhead _____ Underground

Project Location _____
 Type of operation _____

ELECTRICAL ENTRANCE INFORMATION

Electrical entrance size _____ amp _____ 1 phase _____ 3 phase
 Size and number of service entrance conductors _____
 Requested service voltage _____
 _____ 120/240 _____ 120/208 _____ 240/480 _____ 277/480
 _____ Other

ELECTRICAL LOAD LISTING (Note: Apartment complexes list typical per unit load for each type apartment and square footage of each unit.)

Heat	_____ KW	TYPE INSTALLATION	_____
Other Heat	_____ KW	TYPE INSTALLATION	_____
WaterHeater	_____ KW		_____ 1 phase _____ 3 phase
Air Conditioning	_____ KW	_____ BTU	_____ 1 phase _____ 3 phase
Other Air	_____		
Conditioning	_____ KW	_____ BTU	_____ 1 phase _____ 3 phase
Lighting	_____ KW	Misc. Small Appliances & Motors	_____ KW
OtherLighting	_____ KW	Other Miscellaneous	_____ KW
(Use additional sheet if necessary)		Square Footage of House/Unit	_____

TOTAL CONNECTED ELECTRICAL LOAD INFORMATION

TOTAL electrical load for project _____ KW 1 phase _____ KW 3 phase
 Anticipated future load _____ KW 1 phase _____ KW 3 phase

MOTOR LOAD LISTING (all 1 phase and 3 phase over 5 hp)

SIZE (HP)	VOLTAGE	1 PHASE FLA	3 PHASE FLA	TYPE STARTING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use additional sheet if necessary)

MISCELLANEOUS EQUIPMENT LISTING

DESCRIPTION	VOLTAGE	KW	1 PHASE	3 PHASE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use additional sheet if necessary)

Please note and describe any portion of proposed load possessing unusual voltage or current sensitivity or other special considerations _____

Applicant information provided by _____
(Signature)

(Title)

(Date)

Received by _____ Date _____