



COMMERCIAL

NEW SERVICE QUESTIONNAIRE / AGREEMENT • SNOHOMISH COUNTY PUD

CUSTOMER'S NAME _____ EMAIL _____

(LEGAL NAME FOR CONTRACTS)

PHONE: WORK () HOME () CELL () FAX ()

SERVICE ADDRESS _____

(NUMBER AND STREET ADDRESS, CITY, STATE, ZIP CODE)

MAILING ADDRESS _____

(NUMBER AND STREET ADDRESS, CITY, STATE, ZIP CODE)

ARCHITECT/SURVEYOR _____ WORK PHONE () _____

ELECTRICAL ENGINEER OR CONTRACTOR _____ EMAIL _____

PHONE: WORK () FAX () CELL ()

PROJECT COORDINATOR _____ EMAIL _____

PHONE: WORK () FAX () CELL ()

If job is not yet bid out, what is the expected bid date? _____ **Approximate date service will be required:** _____

GRADES & STAKES FORM SIGNED?: YES NO

TYPE OF FINANCING: CASH LETTER OF GUARANTEE PERFORMANCE BOND

IN ORDER TO PROCEED WITH THE ENGINEERING AND DETERMINATION OF CHARGES, THE FOLLOWING INFORMATION MAY BE REQUIRED:

1. Snohomish County or appropriate governmental agency Critical Area Regulation or other requirements have been met and details attached? Yes No (If "NO," information must be provided to the PUD before proceeding with engineering)
2. Three complete copies of the sites plan (including water, sewer and storm) - one electronic file preferred
3. Legal description (include copy of deed)
4. Complete riser diagram
5. Desired metering location (one location per building) and Desired Transformer Location
6. Will existing power facilities require relocation? Yes No (if "yes," mark on site plan)

REQUIRED ELECTRICAL INFORMATION

ELECTRICAL SERVICE ENTRANCE SIZE: 200 AMP 400 AMP _____ AMP
 OVERHEAD UNDERGROUND VOLTAGE _____ / _____ SINGLE-PHASE THREE-PHASE

SERVICE ENTRANCE: _____ TOTAL NUMBER OF CONDUCTOR RUNS: _____
 PHASE WIRE SIZE _____ NEUTRAL WIRE SIZE _____

TYPE OF HEAT: ELECTRIC GAS WOOD OTHER (SPECIFY)
 TYPE OF COOLING: ELECTRIC GAS NONE OTHER (SPECIFY)

TYPE OF BUSINESS: _____ BUSINESS SQ. FOOTAGE: _____

WILL THERE BE ANY GENERATION AT THIS FACILITY? YES NO

IF "YES," WHAT KIND OF INTERCONNECTION DO YOU INTEND ON USING? OPEN TRANSITION CLOSED TRANSITION

TOTAL ELECTRICAL LOAD:	EXISTING	NEW	VOLTAGE	PHASE
LIGHTING	_____ KW	_____ KW	_____	_____
HEATING	_____ KW	_____ KW	_____	_____
AIR CONDITIONING	_____ KW	_____ KW	_____	_____
WATER HEATING	_____ KW	_____ KW	_____	_____
MOTORS	_____ KW	_____ KW	(PLEASE DESCRIBE DETAILS BELOW)	
MISCELLANEOUS	_____ KW	_____ KW	_____	_____
TOTAL:	_____ KW	_____ KW	_____	_____

MOTORS* (CHARACTERISTICS OF PROPOSED LOAD):

SIZE IN HP	QUANTITY	SOFT START? YES OR NO	STARTING AMPS	RUNNING AMPS	PHASE	CLASS	VOLTAGE	NO. OF STARTS	PER DAY OR HOUR

*PLEASE ATTACH ADDITIONAL SHEET WITH IDENTICAL CATEGORY LISTINGS IF YOU NEED MORE ROOM.

It is understood that if additional work is required of the PUD, due to customer revisions of the electrical load and/or voltage requirements or other information as supplied or requested on this form, the additional costs shall be borne by the customer. **The PUD provides for installed load, not future load.**

CUSTOMER SIGNATURE _____ DATE: _____