

**ELECTRIC SERVICE PLANNING  
INFORMATION FORM**  
<http://www.alamedamp.com/working-with-amp>  
**RESIDENTIAL ELECTRIC 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 Alameda Municipal Power (AMP) 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 #	
<b>CONNECTION / INSTALLATION FEE BILLING INFORMATION</b>			
Name		Email:	
Address		Phone #	
City / State / Zip		Phone #	
Services Requested and desired date:	<input type="checkbox"/> Electric _____		
<b>Project Type (check all boxes that apply)</b>	<input type="checkbox"/> New Construction/New Service	<input type="checkbox"/> Addition/Rebuild	Total building area _____ SQ FT
<b>Description of Work (pertaining to Electric Service)</b>			
<b>Please attach a site plan and floor plans showing existing &amp; proposed electric service location and elevation pages and EUSERC Compliant Service Equipment Drawings. NO FULL SET SUBMITTALS ARE REQUIRED</b>			

**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)		

ELECTRIC LOADS			
DESCRIPTION	QTY	LOADS (EXISTING + NEW)	UNIT
AIR CONDITIONING			kW
ELECTRIC VEHICLE CHARGER			kW
PHOTOVOLTAIC/GENERATOR			kW
ELECTRIC RANGE			kW
ELECTRIC HEATING			kW
LIGHTING			kW
PUMPS			HP
OTHER ELECTRIC LOADS			kW
TOTAL			

**I understand and acknowledge that AMP 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 service 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 AMP requirements before final electrical connection is performed.

**NOTES FOR APPLICANT**

1. All work per CEC and AMP standards. For more details, visit <http://www.alamedamp.com/working-with-amp>
2. Payment of the final invoice must be received by the AMP before any work will be scheduled.
3. Call AMP Electric Operations (510-748-3981) for service disconnect and reconnect, if required.
4. All work must be inspected and approved by AMP (510-385-6682) & City of Alameda Community Development Department (510-747-6830) prior to connection by AMP.
5. AIC rating is based on the proposed meter location. AMP 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

<b>Electric Service Information</b> <i>(AMP use ONLY)</i>		Work Order Number	
Estimated Demand	kVA	Transformer kVA and Type	
Map Number		Transformer Number(s)	
<b>Fees</b>	\$	<b>Minimum AIC rating of Electric Panel for the requested service:</b> (Assumes use of cable sizes specified in AMP standard drawings for the requested Main Switch ampacity rating)	_____ A Sym at _____ V with a minimum _____ ft. service cable length _____ Service Cable Size & Type _____ EUSERC Compliant
Electric Application Approved by:			Phone #: