



Commercial New Service Application / Agreement

Return this form to:
Centralia City Light
1100 N Tower Avenue
Centralia, WA 98531
cclengineering@cityofcentralia.com

Customer's Name _____ Email _____
(LEGAL NAME FOR CONTRACTS)
Phone: Work _____ Home _____ Cell _____ Fax _____
Service Address _____
Mailing Address _____
(NUMBER AND STREET ADDRESS, CITY, STATE, ZIP CODE)
Architect/Surveyor _____ Work Phone _____ Parcel # _____
Electrical Engineer or Contractor _____ Email _____
Work _____ Home _____ Cell _____ Fax _____
Project Coordinator _____ Email _____
Phone: Work _____ Home _____ Cell _____ Fax _____
If job is not yet bid out, what is the expected bid date? _____ **Approximate date service will be required:** _____
Are property final grade stakes set? ☐ YES ☐ NO

In order to proceed with the engineering and determination of charges, the following information may be required:

1. The City of Centralia 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 City before proceeding with engineering)
2. One electronic copy and one paper copy of the sites plan (including water, sewer and storm)
3. Legal description (include copy of deed)
4. Desired Metering Location (one location per building) and Desired Transformer Location
5. 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
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		_____	_____
Resistance Heating	_____ kW		_____ kW		_____	_____
Heat Pump	_____ 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	# 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 City, 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 City provides for installed load, not future load.

**Prior to City energizing the service, your electrical panel must be approved by the
Washington State Department of Labor & Industries (360-902-5242)**

This application will expire if no activity after 12 months from the date application is received/signed.

Customer Signature: _____ Date: _____