



APPLICATION FOR ELECTRIC SERVICE DESIGN

PROJECT/ADDRESS/TRACT NO./ETC. _____

PROJECT DESCRIPTION: _____

AS APPLICANT, I REQUEST THAT THE PUBLIC UTILITIES DEPARTMENT PREPARE THE DESIGN AND DETERMINE THE CUSTOMER SERVICE CHARGES FOR PROVIDING ELECTRIC SERVICE TO THE ABOVE ADDRESSED PROJECT. I UNDERSTAND THAT SERVICE WILL BE PROVIDED IN ACCORDANCE WITH THE CURRENT PUBLIC UTILITIES DEPARTMENT ELECTRIC RULES AND RATE SCHEDULES AND THE FOLLOWING CONDITIONS:

- 1. CUSTOMER PROVIDED SERVICE FACILITIES SHALL BE FURNISHED, INSTALLED AND INSPECTED IN ACCORDANCE WITH DESIGN DRAWINGS PREPARED AND APPROVED BY THE DEPARTMENT. CUSTOMER FACILITIES NOT INSTALLED, INSPECTED NOR APPROVED IN ACCORDANCE WITH THE APPROVED DEPARTMENT DRAWING WILL NOT BE ACCEPTED.
2. COPIES OF APPROVED DEPARTMENT DESIGN DRAWINGS AND THE AMOUNT OF THE SERVICE CHARGES TO BE PAID WILL BE MAILED TO THE APPLICANT AT THE ADDRESS FURNISHED BELOW. HOWEVER, IN ANY EVENT, IT SHALL BE THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN THE APPROVED DRAWING AND PAY THE SERVICE CHARGE.
3. APPLICANT SHALL PAY ALL SERVICE CHARGES PRIOR TO INSTALLATION OF DEPARTMENT FURNISHED FACILITIES.

THE DESIGN, SIZE, NUMBER, TYPE AND LOCATION OF SERVICE FACILITIES TO BE FURNISHED AND INSTALLED IS DEPENDENT UPON THE ELECTRIC INFORMATION SHEET AND APPROVED ARCHITECTURAL PLOT PLAN SUBMITTED BY THE APPLICANT. THE APPLICANT SHALL NOTIFY THE DEPARTMENT IN WRITING OF ANY CHANGES, DELETIONS, OMISSIONS, ADDITIONS OR REVISIONS TO THE PLAN OR INFORMATION SUBMITTED THAT WOULD AFFECT THE FINAL DESIGN OR SERVICE CHARGES.

IF YOU HAVE ANY QUESTIONS REGARDING THESE MATTERS OR REQUIRE FURTHER INFORMATION PLEASE FEEL FREE TO STOP BY THE OFFICE OR CONTACT OUR DEPARTMENT SERVICE REPRESENTATIVE AT (909) 826-5489.

APPLICANT/AUTHORIZED REPRESENTATIVE _____

CORPORATE OR APPLICANTS NAME(S) _____

TITLE _____

SIGNATURE APPLICANT/REPRESENTATIVE _____

(PERSON RESPONSIBLE FOR CHARGES)

MAILING ADDRESS (FOR PLANS & NOTIFICATION OF CHARGES) _____

TELEPHONE NUMBER AND FAX NUMBER _____

E-MAIL ADDRESS _____

PUBLIC UTILITIES DEPARTMENT _____

ELECTRIC DIVISION REPRESENTATIVE SIGNATURE AND DATE

3900 MAIN STREET | RIVERSIDE CA | 92522 | PHONE 909.826.5421 | FAX 909.826.5779 | WWW.RIVERSIDEPUBLICUTILITIES.COM

ELECTRIC INFORMATION SHEET

DATE: _____

1. _____
Project Address ▪ Tract Number ▪ Etc.

2. Project Contact Person - Name ▪ Address ▪ Phone Number ▪ Fax Number

3. IN-SERVICE DATE: _____

4. Indicate: _____ New Service _____ Temp. Svc. _____ Addition _____ Revision _____
 Other: _____

5. Comments: _____

120/240v 1-PHASE 3W _____ 120/208v 3-PHASE _____ 277/480V 3-PHASE 4W _____

Other: _____

MAIN SWITCH SIZE (S) _____

RESIDENTIAL ▪ SINGLE FAMILY ▪ DUPLEXES ▪ APARTMENTS

INDICATE NUMBER AND SIZE OF MAJOR ELECTRICAL EQUIPMENT

____ Tons A.C.	____ kW Dryer	____ kW Water Heater
____ kW Heat	____ kW Range	____ kW Pool/Spa
____ Square Feet / House	____ kW Oven	____ Other

