

IN-TOWN & OUT-OF-TOWN ELECTRIC UTILITY PERMIT APPLICATION

REVISED 2.22.14 JMA

- **ALL FORMS MUST BE COMPLETED IN THEIR ENTIRETY OR APPLICATION WILL BE REJECTED. YOU MUST PROVIDE A 911 ADDRESS OR APPLICATION WILL BE REJECTED.**
- It is the responsibility of the general contractor to ensure that they, and their sub-contractors, are licensed to operate in the City of Milford.
- No permit will be issued if property owner is delinquent of City taxes or utilities, or has open code violations.

Application Procedures:

1. Complete the Electric Permit Application *in its entirety* and contact **the Electric Department (302) 422-1110** to schedule an on-site meeting with the owner/contractor.
2. An Electric Department Supervisor will meet with the owner/contractor on-site to review the specifications of the project, such as service size/meter pan placement* and measurements and fees. **Bring this application with you to the meeting.** All work performed in the City of Milford must meet with the Standard Specifications for Installation of Utility Construction Projects. **Please note: Meter pans MUST be placed on the **front half** of the building/dwelling on the side closest to the transformer.*
3. **YOU MUST OBTAIN A SIGNATURE FROM AN ELECTRIC DEPARTMENT SUPERVISOR BEFORE SUBMITTING THE APPLICATION TO THE PERMIT OFFICE.** Permit applications that do not have an authorized Electric Department Supervisor signature will be rejected.
4. Take the completed and signed Application to the Building Permit Department at the City Hall Facility to have the permit issued. ***When the permit is ready, you will be called to pick it up and pay for it.***
5. It is the contractor/electrician's responsibility to call the City of Milford Electric Department to obtain a control number once the meter pan has been installed. This control number must be turned in to the inspection agency when the contractor/electrician calls them to schedule an electrical inspection. Please call Jennifer Anderson at 422-1110 x 1135 to obtain a control number if one has not already been assigned to you.
6. Once the Electric Department receives the inspection card from the inspection agency, and ALL fees have been paid in full, a meter will be set within approximately 48 hours. Multi-family dwellings/units MUST have the meter pans labeled with the address and building number for each service in 1" mailbox letters. Meters WILL NOT be set until this is done. ****ALL COMMERCIAL AND K-BASE SERVICES MUST HAVE A DISCONNECT PRIOR TO THE METER (ALL VOLTAGES)****
7. If you have any questions regarding the above procedures, please contact Jennifer Anderson or Timmy Barnett, Monday-Friday, 7:00 a.m.-3:30 p.m.

DATE _____ TAX PARCEL ID # _____

Site Address Information (911 Address Only, Lot #'s WILL NOT be accepted.)

Name _____

Address _____

Phone # _____ Fax # _____ County Property Located In (circle): **KENT** **SUSSEX**

Contractor Information

Name _____

Address _____

Phone # _____ Fax # _____

Contractor License # (in-town only) _____

Property Owner Information

Name _____

Address _____

Phone # _____ Fax # _____

UTILITY TO BE BILLED TO:

OWNER

CONTRACTOR

LEVEL OF SERVICE:

RESIDENTIAL

COMMERCIAL

SERVICE REQUESTED

IMPACT FEES (check service size and provide amp size):

- ___ OVERHEAD
- ___ UNDERGROUND
- ___ TEMPORARY
- ___ SERVICE CHANGE/UPGRADE
- ___ PRIVATE AREA LIGHTING

- ___ Single Phase (120/240) Amp Size _____
- ___ Commercial Three Phase (120/208) Amp Size _____
- ___ Commercial Three Phase (277/480) Amp Size _____
- ___ Industrial Three Phase (120/208) Amp Size _____
- ___ Industrial Three Phase (277/480) Amp Size _____

****Office Use Only****

PERMIT # _____ CONTROL # _____

OVERHEAD CHARGE \$ _____ METER CONNECTION CHARGE \$ _____

UNDERGROUND CHARGE \$ _____ TEMPORARY SERVICE CHARGE \$ _____

MISCELLANEOUS CHARGES \$ _____ ELECTRIC IMPACT FEE \$ _____

PERMIT APPLICATION FEE \$ _____ **TOTAL DUE \$** _____

Comments: _____

ELECTRIC DEPARTMENT APPROVAL: _____ **DATE:** _____

*** This signature certifies that this permit application has been approved by the Electric Dept and a permit may be generated. Work may commence upon payment of and receipt of permit***

Commercial/Industrial Electrical Load Sheet

Customer Name/Business Name: _____

Address/Location of Site: _____

CHECK ALL THAT APPLY:

NEW SERVICE: _____ ADDITION TO EXISTING SERVICE: _____
 PRIMARY METERING: _____ SECONDARY METERING: _____
 OVERHEAD: _____ UNDERGROUND: _____

SERVICE TYPE/SIZE:

Single Phase (120/240)	_____ 200 AMP	_____ 400 AMP		
Commercial Three Phase (120/208)	_____ 200 AMP	_____ 400 AMP	_____ 600 AMP	_____ 800 AMP
Commercial Three Phase (277/480)	_____ 200 AMP	_____ 400 AMP	_____ 600 AMP	_____ 800 AMP
Industrial Three Phase (120/208)	_____ 200 AMP	_____ 400 AMP	_____ 600 AMP	_____ 800 AMP
	_____ 1000 AMP			
Industrial Three Phase (277/480)	_____ 200 AMP	_____ 400 AMP	_____ 600 AMP	_____ 800 AMP
	_____ 1000 AMP	_____ 2000 AMP	_____ 3000 AMP	

****ALL COMMERCIAL SERVICES MUST HAVE A DISCONNECT PRIOR TO THE METER. (ALL VOLTAGES)****

COMPLETE THE FOLLOWING:

Entrance Size: _____ AMP: _____ Voltage: _____ Phase: _____
 Wire Size: _____ # of Runs: _____ (Circle) Aluminum or Copper
 Conduit Size: _____ # of Runs: _____

COMPLETE THE FOLLOWING:

Heat (Circle) Gas or Electric	_____ KW	_____ V	_____ Phase	_____ AMP
Air Conditioning	_____ KW	_____ V	_____ Phase	_____ AMP
Lighting	_____ KW	_____ V	_____ Phase	_____ AMP
Water Heater (Circle) Gas or Electric	_____ KW	_____ V	_____ Phase	_____ AMP
Receptacles	_____ KW	_____ V	_____ Phase	_____ AMP
Motor Loads (single phase)	_____ KW	_____ V	_____ Phase	_____ AMP
Range	_____ KW	_____ V	_____ Phase	_____ AMP
Total Connected:	_____ AMP:	_____		

Provide Information on Other Critical Electric Equipment: _____

PROVIDE THE FOLLOWING:

Date Services Needed: _____
 Electrical Contractor: _____ Phone: _____
 Electrical Consultant: _____ Phone: _____