

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

REVISED 10/23/2020

- **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 Public Works 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 422-1110 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 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: _____