

# Commercial Load Data



Please provide the following information to the NOVEC representative at the field meeting:

Project Name:	Customer Request Date:
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Service Location:
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Customer:	Address:	Phone:
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Electrician:	Address:	Phone:
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Structure Type:	Sq Ft.:	Sq Ft.:
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Type of Service (check all that apply):						
<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	<input type="checkbox"/> Service Change (Rewire)	<input type="checkbox"/> New	<input type="checkbox"/> Temporary	<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocation
(no load added) <input type="checkbox"/> Alteration (load added)						

If a similar building exists provide the following data for that building:

Structure Sq Ft: _____	Total Load (KW): _____	or	Watts/Sq Ft: _____
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Service Characteristics (submit shop drawings and electrical riser diagrams at this time)

Size of Load Wires:	Set of Load Wires per phase:	Conductor Type: <input type="checkbox"/> AL <input type="checkbox"/> CU
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Service Size: <input type="checkbox"/> 100 amp <input type="checkbox"/> 150 amp <input type="checkbox"/> 200 amp <input type="checkbox"/> 300 amp <input type="checkbox"/> 400 amp <input type="checkbox"/> Other:
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Voltage: <input type="checkbox"/> 1Ø ,3 Wire, 120/240 <input type="checkbox"/> 3Ø, 4 Wire, Wye, 120/208 <input type="checkbox"/> 3Ø, 4 Wire, Wye, 277/480 <input type="checkbox"/> Other:
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List phase, number, horsepower rating voltage and approximate hours of operation per week:	Check all applicable items, and indicate KW or tons and approximate hours of operation per week:
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Phase	Number of Motors	HP	Voltage	Hours of Operation	Hours of Operation	Hours of Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lighting	<input type="checkbox"/> kW <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Elect. H.P.	<input type="checkbox"/> kW or Tons <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AC	<input type="checkbox"/> kW or Tons <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cooking	<input type="checkbox"/> kW <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> W.H.	<input type="checkbox"/> kW <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dryer	<input type="checkbox"/> kW <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chiller	<input type="checkbox"/> kW or Tons <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> kW or Tons <input type="checkbox"/>

NOVEC reserves the right to designate and/or approve the location of all metering and C.T. equipment. NOVEC must approve all proposed metering arrangements. Contact the Meter Supervisor at 703-392-1607 for further information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form to: NOVEC 5399 Wellington Branch Dr., Gainesville, VA 20155, Distribution Engineering