



Internet Application for New Multi-Family Electric Service

Builders/Developers

Fax to: (800) 351-3853 or call (800) 454-3853

Date Faxed: _____ 1

2 Service address _____ City _____ 3 (Inside city: Yes No) State _____

4 Complex name _____ 5 County _____ 6 Zip _____

7 Directions to site _____

8 Legal name _____ 9 Requested by _____

10 Business name (if different from legal name) _____ 11 Federal tax ID/SSN _____

12 Form of ownership: Sole proprietor Corporation Partnership Other _____

13 Mailing address _____ City _____ State _____ Zip _____

14 Phone (_____) _____ Fax # (_____) _____ Mobile/Pager (_____) _____

(Requester numbers between 8 a.m. - 5 p.m., Monday thru Friday)

15 Site contact person _____ Phone (_____) _____ Mobile/Pager (_____) _____

(Between 8 a.m. - 5 p.m., Monday thru Friday)

16 Electrician _____ Phone (_____) _____ Mobile/Pager (_____) _____

17 Construction trailer: Yes No (OH service) 18 Date meter needed _____

19 Provide address if different from above _____

20 Permit # _____ General information about the units: 21 Type of heat/# of units Type of water heater
 Heat Pump ___ SEER ___ Electric
 Gas ___ Gas
 Other _____

22 Permanent services related to the complex:

* Club house address _____ Date needed _____
* Pool area address _____ Date needed _____
* Laundry address _____ Date needed _____
Sign address _____ Date needed _____
Office address _____ Date needed _____
Garage address _____ Date needed _____
Garage address _____ Date needed _____
* Other address _____ Date needed _____

* (Complete the necessary load information found on page 3 per each facility as needed.)

23 Apply for addresses needing Temporary Saw Services:

Saw service address _____ Date needed _____
Saw service address _____ Date needed _____

32 For DPC project number

Large grey rectangular area for DPC project number input.



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Date Faxed: _____ ①

④ Complex name _____ ⑧ Billing name _____

Indicate types of services required for EACH INDIVIDUAL BUILDING by entering the address.

③② For DPC Project Number

②④ Street Address _____ ②⑤ Date needed _____

②⑥ House Meter/Bldg. # _____ ②⑩ Permit # _____

②⑦ Unit Addresses _____ ②⑧ Total # of units _____

Street Address _____ Date needed _____

House Meter/Bldg. # _____ Permit # _____

Unit Addresses _____ Total # of units _____

Street Address _____ Date needed _____

House Meter/Bldg. # _____ Permit # _____

Unit Addresses _____ Total # of units _____

Street Address _____ Date needed _____

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Date Faxed: _____ ①

② Service (site) address _____ City _____ State _____

④ Complex name _____

②⑨ Type of Structure the meter will be serving _____ ③① Date Load Provided _____

③① Service Desired: Overhead Underground Customer Wire Type: Copper Aluminum Service Size _____ amps

Delivery Voltage _____ volts # of Phases 1 3 # of Wires 3 4

of Conductors Per Phase _____ Size of Conductors _____ Gross Square Ft. _____

of Neutral Conductors _____ Size of Neutral _____ Conditioned Square Ft. _____

| | | | | | | | | | | | | | | |
|---|--|---|-----------|-----|----|----------|-------|-------|----------|-------|-------|---------|-------|-------|
| <p>HEATING/COOLING</p> <p>Heat Pumps</p> <p>Largest Heat Pump _____ <input type="checkbox"/> Ton <input type="checkbox"/> KW</p> <p>Total Heat Pumps _____ <input type="checkbox"/> Ton <input type="checkbox"/> KW</p> <p>Total Resistance Backup _____ KW</p> | <p>RECEPTACLE LOAD</p> <p>_____ Qty. _____ Total KW</p> | <p>EQUIPMENT/MOTORS</p> <p>Misc. _____ KW</p> <p>X-ray _____ Volts _____ A _____ KVA</p> <p>Welder (input) _____ Volts _____ A _____ KVA</p> <p>Motors _____ Qty. _____ HP (total)</p> | | | | | | | | | | | | |
| <p>OTHER</p> <p>Largest A/C Unit _____ <input type="checkbox"/> Ton <input type="checkbox"/> KW</p> <p>Total Central A/C _____ <input type="checkbox"/> Ton <input type="checkbox"/> KW</p> <p>Total Window A/C _____ BTU</p> <p>Chiller Load _____ <input type="checkbox"/> Ton <input type="checkbox"/> KW</p> <p>Fans/Pumps/Cooling Tower _____ KW</p> <p>Resistance Heating _____ KW</p> | <p>LIGHTING</p> <p>Interior Lights _____ KW</p> <p>Exterior Lights _____ KW</p> | <p>FOOD SERVICE</p> <p>Cooking Equip. _____ KW</p> <p>Refrigeration _____ KW</p> <p>Misc. _____ KW</p> | | | | | | | | | | | | |
| <p>WATER HEATING</p> <table border="0"> <tr> <td>Tank Size</td> <td>Gal</td> <td>KW</td> </tr> <tr> <td>Domestic</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Sanitary</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Booster</td> <td>_____</td> <td>_____</td> </tr> </table> | | | Tank Size | Gal | KW | Domestic | _____ | _____ | Sanitary | _____ | _____ | Booster | _____ | _____ |
| Tank Size | Gal | KW | | | | | | | | | | | | |
| Domestic | _____ | _____ | | | | | | | | | | | | |
| Sanitary | _____ | _____ | | | | | | | | | | | | |
| Booster | _____ | _____ | | | | | | | | | | | | |

STARTING DATA

Largest Motor Across Line _____ HP or _____ KW Starting Frequency _____ times per _____

Largest Motor w/Compensation _____ HP or _____ KW Type of Starting Compensation _____

Duke Energy
9700 David Taylor Drive
University Research Park
Charlotte, NC 28262-2363

Fax Number
(800) 351-3853

Telephone Number
(800) 454-3853



Internet Instructions for Completing the Duke Energy Faxable Application for New Multi-Family Electric Service

- ① **Date Faxed:** Enter the date the fax is sent.
- ② **Service Address:** Enter the unique street address, not a Post Office Box or route number, also enter the city and state for this address.
- ③ **Inside City:** Indicate if this address is inside or outside the city limits for the city indicated in #2.
- ④ **Complex Name:** Enter the name of the complex.
- ⑤ **County:** Enter the name of the county in which the complex is located.
- ⑥ **Zip:** Enter the zip code for the service address.
- ⑦ **Directions:** Give accurate directions from a main road or major highway to the complex.
- ⑧ **Legal Name/Billing Name:** Enter the Legal name (individual or corporate name) that will be responsible for these requested services.
- ⑨ **Requested by:** Enter the person's name making this request.
- ⑩ **Business Name:** Enter the name of the Business, if different from the legal name.
- ⑪ **Federal Tax ID:** Enter the Federal Tax ID for the Legal name or, if tax ID is not applicable, enter the Social Security Number for the owner.
- ⑫ **Form of Ownership:** Indicate the form of ownership.
- ⑬ **Mailing Address:** Enter the address where the billing should be sent, with the city, state, and zip code.
- ⑭ **Phone:** Enter the phone, fax, and mobile phone or pager numbers for the person indicated in #9. Be sure to include the area codes. These should be numbers where the Requester can be contacted between 8 a.m. and 5 p.m., Monday through Friday.
- ⑮ **Site Contact Person:** Enter the name, phone, and mobile phone or pager numbers for an on-site contact person (such as the Job Superintendent), if this person is different from the person indicated in #9. Be sure to include the area codes. These numbers should be for contacting between 8 a.m. and 5 p.m., Monday through Friday.
- ⑯ **Electrician:** Enter the name, phone, and mobile phone or pager numbers for your electrician. Be sure to include the area codes.
- ⑰ **Construction Trailer:** Indicate if you are requesting service for a Construction Trailer for this site. This will be an overhead service unless your request indicates underground facilities already exist at this location.
- ⑱ **Date Meter Needed:** Indicate the date the meter is needed for the Construction Trailer. (NOTE: If an inspection is required, it must be received before the meter can be set.)
- ⑲ **Address:** Enter the address for the Construction Trailer, if different from the address given in #2.
- ⑳ **Permit #:** If applicable, enter the permit number given to you by the appropriate Governmental agency.
- ㉑ **General Information about the Units:** Indicate the type of heat in the individual units by checking the appropriate box, also indicate the number of systems in each unit. If heat pump is indicated, enter the SEER. Indicate the type of water heating by checking the appropriate box.
- ㉒ **Permanent Services Related to the Complex:** For all other facilities in the complex, enter the service address and date service is needed. If there are other facilities not already listed, use the last line (*Other Address) to indicate the address of that facility. Each facility indicated with an asterisk must provide load information by completing page three of this application. (NOTE: If this information is not available with your original application, it must be provided before the meters can be set for each facility.)



Internet Instructions for Completing the Duke Energy Faxable Application for New Multi-Family Electric Service

- ②3 **Apply for Temporary Service:** Indicate if you are requesting a temporary saw service for this site and indicate the date needed.
- ②4 **Street Address:** Enter the street address for each individual building in the complex. (NOTE: If building number is part of the street address, enter here.)
- ②5 **Date Needed:** Enter the date service is needed for each building. (NOTE: If an inspection is required, it must be received before the meters can be set.)
- ②6 **House Meter\Building Number:** If a House Meter is needed, enter the address as it should be listed. If the building number is part of the House Meter address, enter here also.
- ②7 **Unit Addresses:** Enter the address for the individual units (example 1-10 or A-J).
- ②8 **Total Number of Units:** Enter the actual number of units included in this building. (NOTE: Complete numbers 24-28 for each building within the Complex.)
- ②9 **Type of Structure:** For each Permanent Service indicated with an asterisk in #22, complete the following load information.
- ③0 **Date Load Provided:** Enter the date this load information is provided .
- ③1 Complete all information that is appropriate for the type structure indicated in #29.
- ③2 Duke Energy will assign the project numbers and return that information to you with a confirmation. These numbers should be used when making inquiries about these services.