



Line Extension/Relocation Project Application

1. APPLICANT (person/entity responsible for signing contract/payment)

Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

2. CONTACT (Individual responsible for coordinating with Chugach)

Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

3. CURRENT PROPERTY OWNER(S) OF RECORD

Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

4. LOAD INFORMATION

Description of building _____
 Total connected load in kW _____

5. HEAT SOURCE Gas Electric

6. STREET LIGHTS Yes No

7. LOAD CENTERS Yes No

8. PROJECT TITLE

9. JOB LOCATION

Address _____
 Subdivision _____
 Lots/Blocks _____
 Grid(s) _____
 Legal Description _____

10. SERVICE ENTRANCE

Size (amps) _____
 Voltage _____
 Type Single-Phase Overhead
 Three-Phase Underground

11. EMERGENCY BACKUP GENERATOR PLANNED?

Yes No

12. BUILDING PROGRESS (at time of application)

Property Cleared Water/Sewer Installed
 Final Grade Bldg Under Construction
 Lot Corners Marked Temporary power available

If temporary power not available at site, temporary power needed by _____ (date)

13. Date Permanent Service Wanted _____**14. PLANS ATTACHED TO APPLICATION**

Site Plan Paving Electrical
 Subdivision Landscape Gas
 Grade Street Lights Water/Sewer
 Communications
 Preliminary or Final Plat approved by Municipality

15. Zoning of Property _____

Flood Hazard Permit _____

Wetlands Permit _____

16. FACILITY RELOCATION REQUEST (Only complete if requesting relocation of existing CEA facilities):

Description of Facility, Location and Basis of Relocation Request: _____

Proposed New Location: _____

Requested Relocation Date: _____

17. OTHER INFORMATION RELEVANT TO REQUEST: _____*Applicant's Engineers / Contractors / Subcontractors***CIVIL ENGINEER** _____

Contact _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

ELECTRICAL ENGINEER _____

Contact _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

GENERAL CONTRACTOR _____

Contact _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

ELECTRICAL CONTRACTOR _____

Contact _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

Applicant's Signature

Title

Date