



Commercial or industrial electric and natural gas service application

Instructions: Please complete and return this application after your contractor(s) have been selected.

Submit the application and load survey forms to: Wisconsin Public Service – Attention: New Service Installation

- Email: newserviceinstallation@wisconsinpublicservice.com
- Fax: 866-430-6021
- Mail: P.O. Box 19001, Green Bay, WI 54307-9001

Submit a civil engineering plan set in .dwg, .dgn, or .dxf format. Include the same file in .PDF format. All submittals are to be directed to wpscgisland@wisconsinpublicservice.com.

Questions: Call 800-242-9772 or visit wisconsinpublicservice.com

TYPE OF SERVICE REQUESTED *(check all that apply)*

New service Upgrade Relocate Today's date _____
 Electric Natural gas Temporary electric _____ amps

SITE INFORMATION

Street address: _____ Lot #: _____
 Town/city/village: _____ County: _____
 State: _____ ZIP: _____
 Nearest neighbor or nearest utility pole #: _____
 Directions from the nearest intersection: _____
 Business type (e.g., restaurant, retail, etc.): _____ NAICS code: _____
 Setback from edge of road: _____ ft. Building square footage: _____
 Building type: (check one) Commercial Agricultural
 Building energy use: (check one) Year-round Seasonal
 Construction type: (check one) Cold storage Other _____
 *If multifamily or multi-unit commercial building, please provide labeling (e.g., suites, apts, units 1, 2, 3... or A, B, C): _____

Total # electric meters: _____ Total # gas meters: _____

OWNER INFORMATION

Legal business name: _____ Tax ID #: _____ Exempt? Y N
 D/B/A name: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Contact name: _____ Additional contact: _____
 Phone: (____) _____ Cell: (____) _____ Phone: (____) _____ Cell: (____) _____
 Fax: (____) _____ Fax: (____) _____
 Email: _____ Email: _____
 Preferred contact method: Phone Email Preferred contact method: Phone Email

BUILDER/CONTRACTOR INFORMATION

Legal business name: _____ Company phone: (____) _____
 Contact name: _____ Contact phone: (____) _____
 Email: _____ Fax: (____) _____
 Address: _____ Preferred contact method: Phone Email
 City: _____ State: _____ Zip: _____ Tax ID: _____

BILLING AND CONTACT INFORMATION

Party submitting this request: Customer Contractor
Primary contact person: Customer Contractor
Who is responsible for installation/construction charges? Customer Contractor
Who is responsible for metered energy usage? Customer Contractor
Who is responsible for temporary meter charges? None Customer Contractor

ENGINEERING PLANS

Status: Conceptual Preliminary ___% complete Final Date of plans: ___/___/___

Please submit the following layers from your plans:

- Drainage, easements, retention ponds
- Buffer zones and preservation areas
- Topographic lines which establish final grade
- Other areas and easements the utility must avoid
- Water
- Sewer and storm sewer
- Wetlands
- Paved areas

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Are there plans for future development? Y N If yes, show location(s) on plat or plans.

Note: Any changes in the plans made during project must be communicated promptly to Wisconsin Public Service. This may result in delays in scheduled construction and/or additional costs.

Engineering firm

Company name: _____ Company phone: (____) _____
Contact name: _____ Contact phone: (____) _____
Email: _____ Fax: (____) _____
Address: _____ Preferred contact method: Phone Email
City: _____ State: _____ Zip: _____

NATURAL GAS INFORMATION

Heating contractor: _____ Contact: _____
Work #: _____ Cell #: _____ Fax #: _____ Email: _____
Plumbing contractor: _____ Contact: _____
Work #: _____ Cell #: _____ Fax #: _____ Email: _____
Preferred meter location: (e.g., 3 ft. back from NW corner): _____
Gas pressure: _____ (Specify 7", 14", 26" or 2 PSI)

Please complete and submit the attached natural gas load data form.

ELECTRIC INFORMATION

Electrical contractor: _____ Contact: _____
Work #: _____ Cell #: _____ Fax #: _____ Email: _____
Electrical service type: Overhead Underground
Entrance size: 200 400 600 800 1,200 Other: _____
Phase: Single phase (120/240) Three phase (120/208) Three phase (277/480)
Preferred meter location: (e.g., 3 ft. back from NW corner): _____
Temporary service needed: Yes No Amps: _____ Voltage: _____
Date temporary will be ready for service: _____
Preferred temporary meter location: _____
Is joint installation with cable desired: Yes No **Note: Customer or contractor is responsible to contact the phone and cable providers. WPS cannot guarantee joint installation.**
Is joint installation with telephone desired: Yes No

Please complete and submit the attached electric load data form.

ENVIRONMENTAL INFORMATION FOR SITE

Does your site have any wetlands, waterways or groundwaters; threatened or endangered species; cultural or historical resources; or hazardous spills or materials? Yes No

If yes, please explain: _____

Note: If any of the above are discovered during construction, crew activity will stop and we will notify you of subsequent action. This may result in construction delays and costs.

PRESENT STATUS OF BUILDING PROJECT:

Property is staked Yes *If not, when?* _____ Site has been excavated Yes *If not, when?* _____

Building is staked Yes *If not, when?* _____ Meter base installed Yes *If not, when?* _____

SERVICE READY DATE *(date that initiates scheduling of service installation)*

Date site will be ready for service: _____

NOTE: The following requirements must be completed before service can be installed.

- Final approved site plan and construction plans submitted.
- Gas and/or electric load surveys submitted.
- Any required easements signed and submitted.
- Site and foundation must be back-filled within 6" of final grade.
- Service route cleared 10' wide.
- Electric metering equipment must be installed.

- If a cement transformer pad was poured, must be cured for 10 days.
- Any underground private facilities must be marked.
- Construction charges must be paid in advance, if applicable.

Other important details:

- WPS also requires a wiring compliance statement from the electrician or an electrical inspection (check with your municipality) prior to energizing the service.
- Winter construction charges apply during winter months.

LAWN/PAVEMENT REPAIR

After installation is complete, we will backfill with existing soil. For further explanation on surface repair, please visit

https://accel.wisconsinpublicservice.com/home/pdf/lawn_repair.pdf

AUTHORIZATION

I certify that I own or am the authorized representative of the person(s) who owns the property indicated on this application. I certify the information provided is accurate and I will promptly inform WPS of any plan revisions. If installation requirements differ from what is submitted on this application, I understand these changes may result in an increased cost to me or delays. In addition, I authorize WPS to speak to contractors listed on this application regarding the specifics of this project.

Signature: _____ **Date:** ____ / ____ / ____

Title: _____



Electric load data form

This data is used to accurately size WPS facilities, so please be as specific as possible.

WPS work request # (if known): _____

Company providing data: _____ Contact person/title: _____

Preferred contact method(s):

Phone #: _____ Email address: _____

Project street address and city: _____
(Please provide a separate form for each address)

Number of meters at this address: _____ Unit labeling: _____
(e.g., Suites 300-308, Apts. 101-130, Units 1-4, or A, B, C)

Business type: _____ Days and hours of operation: _____
(e.g., M – F, 8 a.m. to 5 p.m.)

Type of service: (Check one) New customer Existing customer

New service size (amps): 100 200 400 600 800 1,200 1,600 2,000

New service type: Underground Overhead Total building square footage: _____

New voltage: Single phase 120/240 Three phase 120/208 Three phase 277/480

IF UPGRADING - Existing service type: _____ Existing service size (amps): _____ Existing voltage: _____

MOTOR LOAD: (Please list all motors that are 5 HP or greater separately. Motors less than 5 HP can be grouped together)

| Equipment description | # of motors | Size of motors (HP) | 1 or 3 phase | Soft start / variable frequency drive |
|-----------------------|-------------|---------------------|--------------|---------------------------------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

ELECTRIC LOAD: (Other load may include: Computers, kitchen equipment, water heating, supplemental heating, etc.)

| Description | KW | 1 or 3 phase |
|------------------------------|----|--------------|
| Lighting (indoor) | | |
| Lighting (outdoor) | | |
| Air conditioning | | |
| Ventilation (other than A/C) | | |
| Refrigeration equipment | | |
| Receptacles | | |
| | | |
| | | |
| | | |
| | | |

WELDERS:

| # of Welders | Amps | Volts |
|--------------|------|-------|
| | | |
| | | |
| | | |

Please attach any other supporting documentation when submitting this load data.

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Natural gas load data form

This data is used to accurately size WPS facilities, so please be as specific as possible.

WPS work request # (if known): _____

Company providing data: _____ Contact person/title: _____

Preferred contact method(s):

Phone # : _____ Email address: _____

Project street address and city: _____
(Please provide separate form for each address)

Number of meters at this address: _____ Unit labeling: _____
(e.g., Suites 300-308, Apts. 101-130, Units 1-4, or A, B, C)

Business type: _____ Days and hours of operation: _____
(e.g., M – F, 8 a.m. to 5 p.m.)

Type of service: (Check one) New customer Existing customer

Total building square footage: _____ Total heated square footage: _____

Gas pressure: _____ (Specify 7", 14", 26" or 2 PSI) Generator: Yes No Size: _____ BTU

New equipment: (e.g. furnaces, boilers, roof top units, water heaters, stoves, etc.)

| Description | Quantity | BTU input/each | BTU TOTAL |
|-------------|----------|----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Existing equipment: (If upgrading)

| Description | Quantity | BTU input/each | BTU TOTAL |
|-------------|----------|----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Future or projected gas load:

| Description | Quantity | BTU input/each | BTU TOTAL |
|-------------|----------|----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please attach any other supporting documentation when submitting this load data.

Additional comments or information:

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