

EV Charger Pilot Program Commercial Application



Customer information

Application date: _____

Customer name: _____

Customer address: _____

Customer city: _____

Customer state: _____ Customer ZIP: _____

Customer contact name: _____

Customer contact phone: _____

Customer contact email: _____

Site address:

Street: _____

City: _____ State: _____ ZIP: _____

Charging equipment location: _____

Attach site plan along with application.

Note: You must be located in Wisconsin with service from WPS.

Note: Customer cannot have any delinquent electric bills in the past 12 months.

Is a new service required?

- Yes, new service has been applied for.
Add work request number, if known _____
- No. I need to apply for service. Visit www.wisconsinpublicservice.com/partners/builders for application information.
- I don't know.

Electrical contractor name: _____

Electrical contractor contact: _____

Electrical contractor phone: _____

Electrical contractor email: _____

Engineering plans

Status:

- Conceptual
- Preliminary _____% complete
- Final Date of plans: _____/_____/_____

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

The plans and plat of survey are preferred electronically and accepted in DGN, DWG, DFX or CAD format. Submit these to ElectricVehicleChargerProgram@wisconsinpublicservice.com.

Are there plans for future development?

- Yes
Show location(s) on plat or plans.
- No

Note: Any changes in the plat of survey or plans made during project must be communicated promptly to your WPS representative. This may result in delays in scheduled construction and/or additional costs.

EV charger project information

Project type:

- Commercial
 Industrial

Charger source:

- Purchase through utility
 Customer purchased

Estimated installation date: ____/____/____

EV charger manufacturer: _____

EV charger model number: _____

EV charger operating voltage (AC): _____

EV charger peak power capacity (kW): _____

EV charger phase count: _____

(single-phase or three-phase): _____

Number of EV chargers being installed: _____

Type of vehicles using chargers (personal vehicles, fleet, industrial): _____

Other notes:

Authorization

Customer name: _____

Customer signature: _____

Date ____/____/____

Return instructions:

Save application and email it, along with any additional required documents, to ElectricVehicleChargerProgram@wisconsinpublicservice.com.

For office use only

Account number: _____

Current rate: _____

Account rep: _____

Reviewed by: _____

Approval date: _____

Clear Form