

Jo-Carroll Energy
ELECTRIC AND NATURAL GAS
SERVICE APPLICATION

FOR OFFICE USE ONLY

Date Received / /	Electric WO No.	Gas WO No.	Service Order No.
Jo-Carroll Energy contact assigned to:		Work Phone No. ()	Member Number

HOME OWNER AND SITE INFORMATION

Home Owner Name (Last/First/MI)				
New Service Address	Street	City	State	Zip
Existing Mailing Address	Street	City	State	Zip
Home Phone No. ()	Cell Phone No. ()	Work Phone No. ()	Fax No. ()	E-mail Address
City / Town / Village (check one and enter name) <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village (Name)			Subdivision Name	Lot No.
County	Square Footage of building	Class of construction / residential, commercial, farm, industrial, irrigation etc:		

BILLING INFORMATION

Who should be billed for electric/gas installation? <input type="checkbox"/> Builder <input type="checkbox"/> Building Owner	Who should be billed for electric/gas usage during construction? <input type="checkbox"/> Builder <input type="checkbox"/> Building Owner
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CONTRACTOR INFORMATION

Builder/Contractor Name	Contact Person Name	Federal Tax I.D. No.		
Address	Street	City	State	Zip
Home Phone No. ()	Cell Phone No. ()	Work Phone No. ()	Fax No. ()	E-mail Address
Electrical Contractor	Work Phone No. ()	Cell Phone No. ()		
Heating Contractor	Work Phone No. ()	Cell Phone No. ()		

ELECTRIC SERVICE REQUIREMENTS

Date Permanent Electric Service Needed (MM/DD/YYYY): / / (grade must be with in 6" before installation)	Date Temporary Electric Service Needed (MM/DD/YYYY) / /	Available voltages (check one) <input type="checkbox"/> 120/240v 1 phase only <input type="checkbox"/> 120/208v 1 phase 3 phase <input type="checkbox"/> 277/480v 3 phase only
Service Amps <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> Other _____	Service Type <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	
Electric Equipment	* Commercial, Industrial and Farm class members attach detailed load data to application.	
Electric Heat _____ Watts <input type="checkbox"/> Water Heater _____ Quantity <input type="checkbox"/> Central A/C _____ Tons <input type="checkbox"/> Ground Source Heat Pump _____	Locked Rotor Amps (LRA) <input type="checkbox"/> Other _____	* report LRA for Heat Pumps and A/C

GAS SERVICE REQUIREMENTS

Estimated Date Permanent Gas Service Will Be Needed (MM/DD/YYYY): / / (grade must be with in 6" before installation)	Delivery Pressure Needed <input type="checkbox"/> 1/4 psi / 7" WC <input type="checkbox"/> 2 lbs <input type="checkbox"/> other _____ lbs <input type="checkbox"/> 5 lbs <input type="checkbox"/> 10 lbs
Natural Gas Equipment	* Commercial, Industrial and Farm class members attach detailed load data to application.
<input type="checkbox"/> Heating _____ Quantity _____ BTU's	<input type="checkbox"/> Water Heater _____ Quantity _____ BTU's
<input type="checkbox"/> Range _____ Quantity _____ BTU's	<input type="checkbox"/> Dryer _____ Quantity _____ BTU's
<input type="checkbox"/> Instantaneous Water Heater _____ Quantity _____ BTU's	<input type="checkbox"/> Other (Generator, Pool Heater, etc.) _____ Quantity _____ BTU's

BUILDING SITE SKETCH AND METER LOCATION REQUIREMENTS

- Member **must** include a building site sketch with this application and mark the following information on the map:
1. Mark a "G" for your proposed gas meter location with a measurement from the nearest corner of the building.
 2. Mark an "E" for your proposed electric meter socket/pedestal location with a measurement from the nearest corner of the building.
 3. Show all decks, pools, wells, septic, underground tanks/fuel lines, drain tiles/downspouts, customer owned wires, sprinkler systems etc.
 4. Include street names and the direction of North.