

Electric Load Analysis for Commercial Service

Inspection Services Georgetown, Texas

	Date:							
General Information								
Project Name:								
Project Street Address:								
Property Owner:								
Owner Address:								
City, State, Zip Code:								
Phone Number:	Mobile:	Fax:						
E-mail Address:	=							
Agent:								
Agent Address:								
City, State, Zip Code:								
Phone Number:	Mobile:	Fax:						
E-mail Address:								
Construction Site Contac								
Construction Site Phone	Number:							
	Required Information and S	<u>Submittals</u>						
	One Line (AutoCAD format) asements and Existing Utilities)							
Electrical Load Analysis ((see attached sheet 2 of 2)							
Requested Point of Servi	ce & City Transformer Location							
Type of Service Overhea	d or Underground							
Square Footage of Buildi								
Number of Tenants	_							
Electric or Gas Heat								
New Construction or Ren	nodeling							
Requested Date of Temp	orary Service							
Construction Start Date	_							
	Billing Information	<u>1</u>						
Name and Company:								
Billing Address:								
City, State, Zip Code:								

Note: All information must be provided to the City before City's Electrical design proceeds.



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Electric Load Analysis

Main Disconnect Size:	Amps		Volts	Phase	
					<u>kW</u>
Lighting Load:	kW			kW x 1.25 =	·
Receptacle Load:	kW	First 10 kV	V at 100% remainder ov	ver 10 kW at 50% =	
Equipment Load:					
1. A/C		kW	largest load of	haating or cooling	
2. Heat		- kW	largest load of	heating or cooling =	
3. Water Heater(s)		_		=	
4. Office Equipment				=	
5. Fire Pumps				=	
6. Miscellaneous				=	:
7. Miscellaneous				=	
8. Miscellaneous				=	
9. Miscellaneous				_	
Kitchen Load:	kW x		% Demand Factor	or (NEC 220-20) =	
Largest Motor Load:	HP			kW at 125% =	
_	r will require assisted start)			KW at 12070 =	`- <u></u>
	,				
Total Connected Load:				=	:
Total Connected Load:	kW				
Future Load:	kW + Total Co	nnected Load	l kW		
Total Amp Load of :	Amps at		Volt	Phase,	Wire
	,po at			: nace,	
This section pertains to the	he installation of EV C	harging Stati	ons (please attach cut	sheets/specification	drawings)
*Customers must have prior ap					σ,
Do you plan on installing	EV Charging Station	s/Infrastructu	re? (Yes)/(No)		
Total Connected EV Loa	d: Future	EV Load:			
REMARKS:					
Application Completed B	V:			Date:	
John protod D	Signatu	re	Print Name		MM-DD-YY
City Representative:	-		Date:	Phone No.	
	Name		Received		

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REQUIRED WITH PERMIT