



# ELECTRIC SERVICE WORKSHEET – RESIDENTIAL

CW# \_\_\_\_\_

**A completed form must be submitted with any permit application that includes electrical work**

**\*For solar projects, go to <https://lovewp.org/solar> before completing this form**

New Permanent Service    Upgrade Existing Service    Disconnect/Reconnect    Temporary Power    No Change    ADU\*

*\*Accessory Dwelling Units (ADUs) require a separate electric service & address*

**Please complete the following items listed below**

- Review [Requirements for Electric Service \(RFES\)](#) Section 3
- Complete all sections of this form and email to [PowerDevelopment@cityofloveland.org](mailto:PowerDevelopment@cityofloveland.org) with applicable info (i.e. site plan, one-line diagram, etc.). An Electric Distribution Designer will advise on fees and next steps.
- Submit payment/deposit to Water and Power, if applicable. *\*Only for Power Department costs. Permitting fees are paid directly to Building Department*
- Submit completed Electric Service Worksheet and other applicable project documents to Building Department for permitting
- **Notify Dispatch 962-3581 at least 2 business days in advance to schedule Disconnect/Reconnect. Standard operating hours are M-F 7:30 am-3:30pm (excluding city Holidays), work done outside of these hours may incur additional fees.**

Applicant Contact Information					Electrical Contractor Information						
Name of Person Submitting Request: _____					Same as: <input type="radio"/> Applicant <input type="radio"/> Other (fill below)						
Company Name: _____					Company Name: _____						
Mailing Address: _____					Contact Person: _____						
Phone #: _____ Email: _____					Phone #: _____ Email: _____						
Monthly Utility Billing Information					Billing Information for Disconnect/Reconnect						
Same as: <input type="radio"/> Applicant <input type="radio"/> Other (fill below)					Same as: <input type="radio"/> Applicant <input type="radio"/> Contractor <input type="radio"/> Billing Contact <input type="radio"/> Other (fill below)						
Customer Name: _____					Bill To: _____						
Mailing Address: _____					Mailing Address: _____						
Phone #: _____ Email: _____					Phone #: _____ Email: _____						
Location Information											
Project Address: _____ Unit # _____ Within City Limits? <input type="radio"/> Yes <input type="radio"/> No											
If this is part of a multi-occupancy building, give the building's entire address range: _____											
Existing Service Entrance Size (Amps): _____ Type: <input type="radio"/> Underground <input type="radio"/> Overhead   Phase: <input type="radio"/> Single-phase <input type="radio"/> Three-phase   Voltage: ____ / ____											
Description of work:											
Are any changes being made to the existing electric service entrance or meter(s)? <input type="radio"/> Yes <input type="radio"/> No <b>*If YES, continue filling out sections below</b>											
Will temporary service be needed? <input type="radio"/> Yes <input type="radio"/> No <b>*If YES refer to RFES section 2.2 for temp power requirements, then fill out and submit a separate ESW</b>											
New Service Information		New Disconnect Size (Amps): _____ Voltage: ____ / ____ <input type="radio"/> Underground <input type="radio"/> Overhead <input type="radio"/> Overhead to Underground									
<b><i>This section to be completed by Distribution Designer</i></b>		Existing Conductor Size: _____ New Conductor Size: _____ Length: _____									
		Customer Fees:   Deposit \$ _____   Flat Fee \$ _____   PIF \$ _____ <input type="checkbox"/> Bill for actuals									
Crew Section (Internal use only)											
	Date	Meter No.	Reading	Serial No.	Make	Type	Phase	Wire	Amps	Volts	Form (FM)
Removal											
Install											
Comments:											

**By signing and submitting this form, you acknowledge and agree to the City of Loveland Requirements for Electric Service (available online and in person). These requirements apply to all new electric installations and additions to or modifications of existing electric installations.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Power Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(TO BE SIGNED AFTER REVIEW BY THE POWER DEPARTMENT AND/OR AFTER THE DESPOSIT HAS BEEN PAID)