Southeastern Electric Cooperative, Inc. Project Application Requirement Form

Signature:

		each Project Application	
PROJECT (Electrical Work Site)			
Name:	Cor	ntact Person:	
Service Address:	City:	State: Zip Cod	e:
Telephone:	Mobile:	Fax:	
Email Address:			
ELECTRICIAN			
	Mobile:		
Email Address:			
SERVICE REQUESTE	0		
Type of Structure:	Residential	Non-Residential	
Service Type:	Overhead Service	Underground Service	
Entrance Conductors:	Size: Type	Number of Conductors	
Meter Base Size:	100 Amp 200	0 Amp 400 Amp	
LOAD DATA (Please	check the box that applies. If electric, tl	hen list the KW load)	
Total Square Footage			
	HVAC (Square footage th	eat is heated and cooled)	
,		,	_
HVAC Heat:	ElectricGas	s kW or	Tons
HVAC A/C:	Electric	kW or	Tons
Water Heater:	Electric Gas	s kW	
Tankless WH:	Electric Gas	s kW	
Pool/Hot Tub Heat:	Electric	kW	HP
Fire Place:	Electric Gas	S	
Cooktop/Oven:	Electric Gas	s	
Security Light	Yes No	(Separate agreement must be sig	gned)
Comments or Additon	al Info:		
Load data must be com	pleted as much as possible. Cost of changes, due	to inadequate or inaccurate informaiton will	be
borne by the Member/F	· · · · · · · · · · · · · · · · · · ·		

Date: