Date of Inquiry__________________________

MAIL OR FAX TO:
Tacoma Power – New Service Engineering
P. O. Box 11007, Tacoma, Washington 98411
Fax: 253-502-8659

Please read the following then have and authorized representative sign and date below to indicate your understanding of the Downtown Network electrical application process.

• Please read Tacoma Power’s Standard C-SV-4000 then initial here:______.
• Fault current calculations are to be provided to both Tacoma Power Electrical Inspection and New Services Engineering Departments for all new or modified services.
• Provide the fault current calculation summary, in cascading format, on the one-line/riser diagram showing:
  a. A list of calculated nodes on your one-line diagram.
  b. The available fault current at the main service panel, each sub panel and at all other nodes selected.
  c. The conductor impedance, size, material, number of parallel runs and length.
  d. The type of conduit material.
  e. The AIC rating of all new and existing equipment and/or devices affected by this project.
• Upon review of this application, a formal letter stating whether the type of service requested is available will be issued by the Downtown Network New Services Engineer.
• Determination of service availability may take several months. You should begin working with Tacoma Power’s Engineers in the early stages of your project.
• A Letter of Agreement will be drafted within 4 weeks after determining the availability of service to meet your needs. Please provide adequate time to complete this process before you make project contract commitments.
• Electrical service may be offered at a voltage that requires you to provide a transformer vault within your building.
• Tacoma Power’s system may require upgrading to accommodate your request.
  a. Designing and installing upgrades may take an additional year.
  b. Any required utility upgrades must be completed before your new service will be connected.
  c. The customer will be responsible for some or all of the costs in this process depending on service availability.

Customer’s Signature______________________  Date____________
Customer’s Information

1. Project Information:

   Project Name: ________________________________________________________________

   Project Address: ______________________________________________________________

   Development Company name: ____________________________________________________

   Development Company contact: ______________________ Phone______________________

Description of building occupancies and their natures:

   Manufacturing space (sq-ft) ______ Nature:________________________________________

   Commercial space (sq-ft) ______ Nature:________________________________________

   Office space sq-ft ______ Nature:__________________________________________

   Residential (# of Units & sq-ft): ________________________________________________

Will natural gas or alternative energy be used? (Circle One):       Yes      No

   Explain the Use: ______________________________________________________________

Will the building be LEED Certified? (Circle One):       Yes      No

Submit site drawings with your application.

2. Customer Information:

   Full legal name(s) of person(s) entering into agreement: ___________________________

   ________________________________________________________________

   Legal business name: ________________________________________________

   Tax ID number: ________________________ UBI number: ________________________

   Applicant’s mailing address: _____________________________________________

   City, State Zip: _________________________________________________________

   Telephone number (including area code): _________________________________

   Fax number (including area code): _______________________________________ 

   E-mail address: ___________________________________________________________
Property Owners name of the property being developed: ____________________________

Property Owners address: _____________________________________________________

Property Owners contact information: _________________________________________

**Electrical Contractor’s Information**

1. **The Electrician Is Required To Provide The Following Information:**

   Voltage Desired (Circle One): 125/216Volts or 277/480Volts
   Phase Requirements (Circle One): 2 Phases & Neutral or 3 Phases & Neutral
   Main Service Size (Amps): ________________

   (Note: Customers must submit a set of electrical plans to the Tacoma Power Electrical Inspection Office for plan review when requesting three-phase services of 400 amps and larger.)
   Connected Load (KVA): ____________________________

   Electrician’s company name: ________________________________________________
   Electrician’s company representative: _________________________________________
   Electrician’s company phone number: ________________________________
   Electrician’s company e-mail address: ________________________________________

   Return your competed application to Tacoma Power’s New Service Department @
   3628 South 35th St., Tacoma, WA, 98409-3192