## New Construction Application



			TACOMA PUBLIC UTILITIES	
FORM COMPLETED BY				
Name	Project Rol		Date	
	Owner	Trade Ally Other		
CUSTOMER INFORMATION				
Customer Name (legal entity)		Project Name (if different)		
Customer Contact		Email Address		
Phone Number Project Addre	ess	City	Zip	
Construction Type New Construction Addition Major Remodel  Project Area (square feet)				
Heating Fuel Type  Electric Natural Gas Propane Other				
DESIGN TEAM INFORMATION				
Architectural Firm  Company Name	Primary Contact	Email	Phone	
Company Name	Timary Contact	Eman	Filone	
Mechanical Engineering Firm				
Company Name P	Primary Contact	Email	Phone	
Electrical Engineering Firm				
	Primary Contact	Email	Phone	
Owner's Representative				
	Primary Contact	Email	Phone	
Decian/Build Firm				
Design/Build Firm Company Name P	Primary Contact	Email	Phone	
Company Name	Timal y Contact	Lindii	THORE	
ESTIMATED PROJECT SCHEDULE Schematic Design	Design Developm	ent Construction Docun	nents Construction	
Start Date				
Finish Date				
DESIGN CONSIDERATION OPTIONS				
Very	Somewhat Notatall		Very Somewhat Notatall	
Orientation/building layout		Daylighting		
Glazing type and window layout				
		Sustainable designs/LEED	_	
HVAC efficiency		Type of HVAC system		
Outside air control systems  Other items you are considering		ring		

Submit the completed application and any project documentation to your Tacoma Power representative for review.

MAIL FAX EMAIL

NEW CONSTRUCTION
Tacoma Power CEP 4SE

P.O. Box 11007 Tacoma, WA 98411

(253) 502-8276

Attn: C/I NEW CONSTRUCTION

power@cityoftacoma.org

Subject: C/I NEW CONSTRUCTION