

SERVICE DESIGN APPLICATION FORM

*** Mandatory Fields**

Property Owner/Developer

Company Name *

Contact *

Address Civic #: * Unit #:

Street Name: *

City/Twp: *

Province: *

Postal Code: *

Phone # Cell Phone: *

Bus. Phone: * ext.

Fax: *

Email: *

Consultant:

Company Name

Contact

Address Civic #: Unit #:

Street Name:

City/Twp:

Province:

Postal Code:

Phone # Cell Phone:

Bus. Phone: ext.

Fax:

Email:

Electrical Contractor

Company Name

Contact

Address Civic #:

Street Name:

City/Twp:

Province:

Postal Code:

Phone # Cell Phone:

Bus. Phone: ext.

Fax:

Email:

Service Information

1. Type of Building

2. Address of site: Civic #: * Unit #:

Street Name: *

City/Twp: *

Postal Code:

3. Size of electrical service required: * Single Phase Three Phase

* Amps Volts

4. Estimated Maximum Demand: * kVA

5. Estimated date of service connection: *

6. Number of meters required for new service: *

7. Overhead / Underground service: * Overhead Underground

8. Drawings - * A Site Plot Plan
* A Single Line Diagram of the proposed service indicating provisions for metering

Calculations - * Servicing Load Calculations

* Applicant Name: * Title:

* Signature: * Date:

Note: We will require an electronic copy of these drawings. Files can be emailed to ffpc@fortfrances.ca

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