

CITY OF OAK RIDGE ELECTRIC DEPARTMENT
REQUEST FOR EXTENSION OF ELECTRIC FACILITIES
(9-0-1 Form)

Project Name (& phase if applicable): _____

Request is for: → Information Only Electric Service Extension

Project Address: _____

** Re: Utility Account Number: _____

Lot #: _____ Block #: _____ Parcel #: _____

Type of Service: _____ Project Engineer or Architect: _____
 Commercial Building Engineering/Architectural Firm: _____
 Industrial Park or Facility Telephone: (_____) - _____
 Retail Center or Building Customer Name: _____
 Residential Subdivision Customer Telephone: (_____) - _____
 One Unit Residential Number of Meter Bases: _____
 Multi Unit Residential
 Other: _____

Service Data:

Main Breaker Size: _____ Amps Service Voltage: _____ Volts

Number of Phases (1 or 3): _____

Phase Conductor(s): _____ Size, _____ Quantity, _____ Material (Cu or Al)

Neutral Conductor(s): _____ Size, _____ Quantity, _____ Material (Cu or Al)

Secondary Service Distance (from meter to transformer): _____ Feet

Underground Requested Overhead Requested
Number of Conduits: _____ Total Type of Mechanical Attachment to
Conduit Size: _____ the Building or Structure:
Number of Conductors per Insulated House Knob
Conduit: _____ Eye Bolt
 Other: _____

Electric Load Data:

_____ KW, Expected Peak Demand (A) (used for contract demand and transformer size)

_____ KW, Total Connected Load (sum of power used, calculated from list below)(B)

_____ Diversity Factor Expected (example 70%)(A/B)

_____ Amp Heat Pump - Compressor	_____ Hp Manufacturing Load
_____ KW Heat Pump - Strip Heat	_____ Hp Largest motor, _____ Phase
_____ Ton Air Conditioning (not Heat Pump)	_____ Amp Welders (Max), _____ Phase
_____ KW Resistance Heat (not Heat Pump)	_____ KW Refrigeration Load
_____ KW Air Handling (not Heat Pump)	_____ KW Water Heating Load
_____ KW Lighting Load	_____ KW Cooking Load
_____ KW Receptacles	_____ KW Future Load
_____ KW Miscellaneous	

Additional Comments or Equipment requiring Special Attention: _____

Permanent Service Date: _____ Temporary Service Date: _____

Note: Please contact Community Development for Site Plan/Drawing submittals.

Return Completed Document to: _____ Submitted By: _____
City of Oak Ridge Electric Department Name: _____ Title: _____
P.O. Box 1 Signature: _____ Date: _____
Oak Ridge, TN 37831-0001

----- DO NOT WRITE BELOW THIS LINE -----

Contract Required: YES NO Contract Demand: _____ kW Deposit: \$ _____

Staff Comments: _____

Copy to UBO **** -For office use only, customer does not fill out.**