

Electric and/or Natural Gas Service Change Request



Return Instructions: Submit your completed application:
E-mail: co-non-design-central@we-energies.com
Mail: We Energies Central Group, P.O. Box 2046, Milwaukee, WI 53201
Fax: 262-574-6401 or 800-632-1460
Questions: Visit we-energies.com or call 866-423-0364

Change Request (Check all that apply)

Electric

- Service Rewire / Upgrade
- Service Relocation
- Meter Change(s) or Addition(s)

Estimated date required ____/____/____

Natural Gas

- Service Relocation
- Change in Delivery Pressure
- Meter Change(s) or Addition(s)

Estimated date required ____/____/____

Site Information

Address/Fire Number: _____ Street: _____

Second Address (If two-unit dwelling): _____

City / Town / Village (enter taxing municipality): _____ State: _____ ZIP: _____

County: _____ Business Type (i.e., retail, factory, etc.): _____

Building Type: Residential Commercial Multi-family Industrial Other _____

Owner Information

Name: _____ E-mail: _____

Phone: (_____) _____ Fax: (_____) _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Preferred Contact Method: Phone E-mail

Responsible Party

Who is responsible for electric project costs? Owner Electrical Contractor Builder

Who is responsible for natural gas project costs? Owner Natural Gas Contractor Builder

Location of Customer-Owned Facilities and Natural Obstacles

For any of the above or underground facilities or obstacles on your property, check the appropriate box(es) below and mark them on your plat of survey, site plan or sketch details.

- | | | | | |
|---------------------------------|--|---|---|--|
| <input type="checkbox"/> Well | <input type="checkbox"/> Outdoor Lighting | <input type="checkbox"/> Sewer Lateral | <input type="checkbox"/> Private Electric | <input type="checkbox"/> Underground Tank/Fuel Lines |
| <input type="checkbox"/> Septic | <input type="checkbox"/> Steep Hill | <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Drain Tiles/Downspouts | <input type="checkbox"/> Customer-Owned Cable |
| <input type="checkbox"/> Trees | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Wetlands/Creeks | <input type="checkbox"/> Sump Pump Discharge | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rock | <input type="checkbox"/> Future building additions, concrete slabs, etc. | | | |

Note: We Energies and/or its agents are not responsible for damage to your facilities that are not properly marked before our work begins.

FOR OFFICE USE ONLY	
Rec'd Date _____	Scanned _____
Gas WR # _____	Electric WR # _____
Gas Copy to _____	Electric copy to _____
Town Code _____	AMR <input type="checkbox"/> Y <input type="checkbox"/> N

COMPLETE THIS PAGE FOR ELECTRIC CHANGES

Electric Project Details (Check all that apply)

Outlet location letter needed by: ____/____/____

Service Rewire / Upgrade

Existing Electric Service:

Service Type:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground			
Service Size:	<input type="checkbox"/> 100 Amp	<input type="checkbox"/> 200 Amp	<input type="checkbox"/> Other _____ Amp		
Service Voltage:	<input type="checkbox"/> 120/240V	<input type="checkbox"/> 120/208V	<input type="checkbox"/> 240V	<input type="checkbox"/> 480V	<input type="checkbox"/> 277/480V
	<input type="checkbox"/> 1 Phase	<input type="checkbox"/> 3 Phase			

New Electric Service:

Service Type:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground			
Service Size:	<input type="checkbox"/> 100 Amp	<input type="checkbox"/> 200 Amp	<input type="checkbox"/> Other _____ Amp		
Service Voltage:	<input type="checkbox"/> 120/240V	<input type="checkbox"/> 120/208V	<input type="checkbox"/> 277/480V		
	<input type="checkbox"/> 1 Phase	<input type="checkbox"/> 3 Phase			

Equipment:	<input type="checkbox"/> Air Conditioner	_____ Tons	<input type="checkbox"/> Hydraulic Elevator	_____ kW
	<input type="checkbox"/> Space Heating	_____ kW	<input type="checkbox"/> Welder	_____ kW
	<input type="checkbox"/> Electric Water Heating	_____ kW	<input type="checkbox"/> Industrial Furnace	_____ kW
	<input type="checkbox"/> Geothermal	_____ Tons	<input type="checkbox"/> Other Major Equipment	_____ kW

For **commercial** rewires, please fill in the electrical equipment specifications below:

Connected Load*:	Power _____ kW	*Note: Include equipment and motor loads from below.	Estimated Peak Demand _____ kW
	Lighting _____ kW		Estimated Future Peak Demand _____ kW
	Total _____ kW		

Motors: Largest Motor Size: _____ HP Code Letter (if known): _____
 Amps: _____ Frequency of Start: _____ Inrush: _____
 Motor Application: _____ Will more than one motor start at a time? Yes No

Note: If rewiring from overhead to underground, please provide a sketch (see last page) or certified plat of survey illustrating the location of any privately-owned underground facilities, and the location of any deck, pool, landscaping, sidewalks or driveways which may obstruct the service path.

Service Relocation

Reason for relocation: _____

Existing meter location: _____ feet _____ of _____ corner (e.g. 3 feet S of NW corner)

Requested meter location: _____ feet _____ of _____ corner (e.g. 3 feet S of NW corner)

Is a temporary service required? Yes No

Note: Provide a sketch (see last page) or certified plat of survey indicating existing and requested meter location.

Meter Change(s) or Addition(s)

Install _____ additional meter(s)

Change use on existing meter(s)

Remove meter(s)

Change equipment

(For multiple meters, see Note below.)

Consolidate use

Address/Unit # _____

Meter # _____

Note: Separate addresses are required for each meter requested and should be listed on a separate sheet including the way addresses will be designated (A-Z, 1-10, etc.).

Electric Contractor/Builder Information

Company Name: _____ Company Phone: (_____) _____

Contact Name: _____ Contact Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Address: _____

City: _____ State: _____ ZIP: _____ Preferred Contact Method: Phone E-mail

COMPLETE THIS PAGE FOR NATURAL GAS CHANGES

Natural Gas Project Details (Check all that apply)

Service Relocation

Reason for relocation: _____

Existing meter location: _____ feet _____ of _____ corner (e.g. 3 feet S of NW corner)

Requested meter location: _____ feet _____ of _____ corner (e.g. 3 feet S of NW corner)

Note: Provide a sketch (see last page) or certified plat of survey indicating existing and requested meter location.

Change in Delivery Pressure

Existing pressure: Standard - 7" WC Elevated - 2 psig Other _____ psig

Requested pressure: Standard - 7" WC Elevated - 2 psig Other _____ psig

Note: Requests for delivery pressure greater than 2 psig requires submittal of final design calculations. See National Fuel Gas Code (2002 or later) for suggested format.

Meter Change(s) or Additions(s)

Install _____ additional meter(s)

Change use on existing meter(s)

Remove meter(s)

Change equipment

(For multiple meters, see Note below.)

Consolidate use

Address/Unit # _____

Meter # _____

Note: Separate addresses are required for each meter requested and should be listed on a separate sheet including the way addresses will be designated (A-Z, 1-10, etc.). A pipe trace is required to ensure each meter is serving the correct unit. There is no charge for the initial trace; if additional traces are required, the responsible party will be charged the actual time for the additional visit(s).

If any of the above projects require a change in natural gas use, please complete the following:

Existing Natural Gas Equipment Specifications:

Type	Quantity	BTUs	Type	Quantity	BTUs
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New Natural Gas Equipment Specifications:

Type	Quantity	BTUs	Type	Quantity	BTUs
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any additional equipment on a separate sheet in the same format.

Natural Gas Contractor/Builder Information

Company Name: _____ Company Phone: (_____) _____

Contact Name: _____ Contact Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Address: _____

City: _____ State: _____ ZIP: _____ Preferred Contact Method: Phone E-mail

Environmental Information for the Site

If the answer to any of the following questions is yes, we require a copy of your environmental permits, reports or sampling data before construction begins:

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| Are there wetlands, waterways, or ground waters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Are there threatened or endangered species? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Are there cultural or historical resources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Are you aware of any hazardous spills or materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Note: If any of the above are discovered during construction, crew activity will stop and we will notify you of subsequent action. This may result in delays in scheduled construction and/or additional costs.

Authorization

I certify that I own or am the authorized representative of the person(s) who owns the property indicated in this application. I certify the information provided is accurate and will promptly inform We Energies of any plan revisions. If installation requirements differ from what is submitted on this application, I understand these changes may result in delays and/or increased cost to me.

Signature: _____ Date: ____/____/____

Printed Name: _____

Surface Restoration


After our construction activity is complete, we will replace the excavated soil and mound the affected area. Please review our restoration practices before submitting your application. This will help you better understand what to expect with surface restoration.

Visit www.we-energies.com/surfacerestitution to learn more.

Sketch Details

If you are requesting a natural gas relocation, an electric relocation, or an electric underground service rewire, please sketch the building site in the space below providing the following information:

- Dimension of building
- Planned future decks, pools, etc.
- Note any private underground facilities
- Any building additions and dimensions
- Indicate existing service line and meter location
- Indicate requested service line and meter location

																																							
																				<p>Lot Line </p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Street Name</p>																			

We value you as a customer and look forward to working with you.