


SERVICE PLANNING INFORMATION  Link to Forms & Publications: https://www.ladwp.com/forms		Metro East: 2633 Artesian St, Rm 210, Los Angeles 90031, Ph (213) 367-6000	
		Metro West: 2633 Artesian St, Rm 250, Los Angeles 90031, Ph (213) 367-6000	
		Valley: 7501 Tyrone Ave, Van Nuys, CA 91405, Ph (818) 771-4100	
		Tract: 2633 Artesian St, Rm 210, Los Angeles 90031, Ph (213) 367-8079	
		CoGen PV / BESS: 2633 Artesian St, Rm 210, Los Angeles 90031, Ph (818) 771-3622	
		Customer Station: 2633 Artesian St, Rm 270, Los Angeles 90031, Ph (213) 367-8028	
		Electric Vehicle: 2633 Artesian St, Rm 210, Los Angeles 90031, Ph (213) 367-6232	
		Connection Center: Ph (213) EMPOWER or (213) 367-6937	
1. Project Address: Number		Street	
		City	
		Zip Code	
2. Service Wanted Date:			
3. Project Name		4. Nearest Cross Street	
5. Tract Number		6. Lot Number	
7. Construction Type: (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> EV		8. Zoning: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
9. Onsite Parallel Generation: (check all that apply) <input type="checkbox"/> None		<input type="checkbox"/> Solar (NEM) <input type="checkbox"/> Solar (FIT) <input type="checkbox"/> Wind <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Energy Storage* <small>*Supplemental Data Sheet Required</small>	
10. Number of Units:	12. Residential Size	13. Commercial Size	14. Total Building Size
11. Number of Stories:	sq. ft.	sq. ft.	sq. ft.
15. Subterranean Garage			
sq. ft.			
16. Project Methane Status (check one): <input type="checkbox"/> No methane present on the project site <input type="checkbox"/> Project site is located in a designated methane zone <input type="checkbox"/> Project site is located in a designated methane buffer zone – test data (methane concentration in ppmv and methane pressure in inches of water column) is required in order to provide service planning information. To obtain a report for methane and other property information, please visit http://zimas.lacity.org			
17. Legal Contact (Name):		18. Phone No.	
(Individual responsible for signing contracts, paying fees and receiving potential refunds)		19. E-mail Address:	
20. Address: Number	Street	Suite	City
		Zip Code	
21. Plans Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Electrical Contractor <input type="checkbox"/> General Contractor <input type="checkbox"/> Architect			
22. Plans Submitted By (Name):		23. Phone No.	
24. Company Name:		25. E-mail Address:	
26. Address: Number	Street	Suite	City
		Zip Code	
27. Property Owner (Name):		28. Phone No.	
29. Address: Number	Street	Suite	City
		Zip Code	
30. Service Type Requested: <input type="checkbox"/> Permanent Overhead <input type="checkbox"/> Temporary Overhead <input type="checkbox"/> Permanent Underground <input type="checkbox"/> Temporary Underground		31. Construction Start Date:	
32. Other Work Requested: <input type="checkbox"/> Removal of Power Facilities <input type="checkbox"/> OH to UG Conversion <input type="checkbox"/> OH Encroachment			
33. Service Voltage: (check one)		<input type="checkbox"/> 120/240V 1Ø,3-wire <input type="checkbox"/> 240Δ/120V 3Ø,4-wire <input type="checkbox"/> 208Y/120V 3Ø,4-wire <input type="checkbox"/> 480Y/277V 3Ø,4-wire <input type="checkbox"/> 4160V 3Ø,3-wire <input type="checkbox"/> 4800V 3Ø,3-wire <input type="checkbox"/> 34,500V 3Ø,3-wire <input type="checkbox"/> other: volt Ø -wire	
34. Service Equipment Rating: (check one)		<input type="checkbox"/> 100 amps <input type="checkbox"/> 200 amps <input type="checkbox"/> 320 amps <input type="checkbox"/> 400 amps <input type="checkbox"/> 600 amps <input type="checkbox"/> 800 amps <input type="checkbox"/> 1200 amps <input type="checkbox"/> 1600 amps <input type="checkbox"/> other: amps	
35. Meter Disconnect Rating: (check one)		<input type="checkbox"/> 100 amps <input type="checkbox"/> 200 amps <input type="checkbox"/> 400 amps <input type="checkbox"/> 600 amps <input type="checkbox"/> 800 amps <input type="checkbox"/> 1200 amps <input type="checkbox"/> 1600 amp <input type="checkbox"/> 2000 amps <input type="checkbox"/> 2500 amps <input type="checkbox"/> 3000 amps <input type="checkbox"/> 4000 amps <input type="checkbox"/> 5000 amps <input type="checkbox"/> other: amps	

36. Load Summary: (complete one (1) load summary for each point of service)					
Service Point No.		House (Non-Tenant) Loads		Tenant Loads	
Electric Loads	Largest Unit	1Ø	3Ø	1Ø	3Ø
Air Conditioning (kW)					
Auxiliary Strip Heating (kW)					
Cooking (kW)					
Elevators (hp)					
EV Chargers (Also Complete Box 37) (kW)					
General Power (kW)					
Heat Pumps (kW)					
Lighting (kW)					
Motors (hp)					
Receptacles (kW)					
Refrigeration (kW)					
Water Heater (kW)					
Other Loads:					
a:					
b:					
c:					
Total:					
37. EV Chargers (total number)					
Level 1 () @120V	38. Largest Motor		39. Rated HP		40. Locked-Rotor Current
Level 2 () @208/240V					
Level 3 () @480V					
41. Motors - 40 HP and above	42. Rated HP	43. Locked-Rotor Current	44. Motor Use		
45. Back up or Emergency Power Generator Switching Information:					
<input type="checkbox"/> <u>Open-Transition Switch</u> Manufacturer & Model number: _____					
<input type="checkbox"/> <u>Closed Transition Switch:</u> Duration of Parallel Operation: <input type="checkbox"/> One Second or Less <input type="checkbox"/> More than One Second Manufacturer & Model number: _____					
<input type="checkbox"/> <u>Programmable Switch:</u> Duration of Parallel Operation in Closed Transition Mode: <input type="checkbox"/> One Second or Less <input type="checkbox"/> More than One Second Manufacturer & Model number: _____					
Notes: Switches that operate in parallel with the Department's electric system for one second or less require that a <u>Certificate of Momentary Operation</u> be completed and filed with the Department. Switches that operate in parallel for more than one second require a that an <u>Interconnection Agreement</u> be completed and filed with the Department.					
46. Additional Comments:					

Submitted By: _____
Print Name
Signature

Date: _____