

City of Los Angeles Department of Water and Power  <b>PLANNING INFORMATION SHEET: SINGLE FAMILY RESIDENTIAL SERVICE</b>		<b>Service Planning Offices:</b> <u>Metro East:</u> 2633 Artesian St. Rm 210, Los Angeles 90031-1805 Phone: (213) 367-6000 Fax: (213) 367-6027 <u>Metro West:</u> 2633 Artesian St. Rm 250, Los Angeles 90031-1805 Phone: (213) 367-6000 Fax: (213) 367-6089 <u>Valley:</u> 7501 Tyrone Ave., Van Nuys, CA 91405 Phone: (818) 771-4100 Fax: (818) 771-4066			
1. Project Address:		City	Zip	2. Service Wanted Date	
3. project name		4. nearest cross street			
7. Type of Construction: <input type="checkbox"/> New <input type="checkbox"/> Remodel	8. Number of Units	9. Number of Stories	10. Total Building size sq. ft.		
11. <b>project methane status</b> (Check one): <input type="checkbox"/> no methane present on the project site <input type="checkbox"/> project site is located in 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. <b>To obtain a report for methane and other property information, visit <a href="http://zimas.lacity.org">http://zimas.lacity.org</a></b>					
12. 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 (check one)					
13. company name			14. telephone number (      )		
15. address:	number	suite	street	city	zip code
16. owner/ name:			17. telephone number (      )		
18. address:	number	suite	street	city	zip code
19. service type requested: <input type="checkbox"/> underground <input type="checkbox"/> overhead			20. Construction start date: -                                            -		
21. service voltage (check one): <input type="checkbox"/> 120/240 volt 1Ø 3-wire <input type="checkbox"/> 208Y/120 volt 1Ø 3-wire <input type="checkbox"/> other:					
22. 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					
23. meter disconnect 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					
Electric Load Schedule					
Square Footage of house X 3 (watts)			Kilowatts		
Small Appliance circuits @ 1500 watts ea. (Minimum is two)			Kilowatts		
Laundry Circuits(s) @ 1500 watts ea.			Kilowatts		
Range			Kilowatts		
Cook Top			Kilowatts		
Oven			Kilowatts		
Electric Water Heater			Kilowatts		
Electric Clothes Dryer			Kilowatts		
Disposal			Kilowatts		
Microwave			Kilowatts		
Electric Vehicle Charger			Kilowatts		
Other Loads			Kilowatts		
<b>Subtotal:</b>			Kilowatts		
Heating Ventilation and Air Conditioning (HVAC)			Kilowatts		
1. First 10 KW of subtotal @ 100%			Kilowatts		
2. Remainder of subtotal @ 40%			Kilowatts		
3. Air Conditioning Load @ 100%			Kilowatts		
<b>Total Load (Add lines 1-3)</b>			Kilowatts		

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**SINGLE FAMILY RESIDENTIAL SERVICE**

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26. back up or emergency power generator switching information:

open-transition switch (manufacturer/catalog number: \_\_\_\_\_)

closed transition switch:

duration of parallel operation:  one second or less  more than one second

manufacturer/catalog number: \_\_\_\_\_

programmable switch:

duration of parallel operation in closed transition mode:  one second or less  more than one second

manufacturer/ catalog number: \_\_\_\_\_

**Note:** Switches that operate in parallel with the Department's electric system for one second or less require that a Certificate of Momentary Operation be completed and filed with the Department. Switches that operate in parallel for more than one second require a that a Cogeneration Interconnection Agreement be completed and filed with the Department.

submitted By: \_\_\_\_\_ date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

signature

print name

**use back side for remarks, special requests, and sketches used to explain your service request.**

**FOR DEPARTMENT USE ONLY:** lead - \_\_\_\_\_ t/g - \_\_\_\_\_ WR number - \_\_\_\_\_

