

City of Los Angeles Department of Water and Power <p style="text-align:center;">PLANNING INFORMATION SHEET: SINGLE FAMILY RESIDENTIAL SERVICE</p>	<p style="text-align:center;">Service Planning Offices:</p> Metro East: 2633 Artesian St. Rm 210, Los Angeles 90031-1805 Phone: (213) 367-6000 Fax: (213) 367-6027 Metro West: 2633 Artesian St. Rm 250, Los Angeles 90031-1805 Phone: (213) 367-6000 Fax: (213) 367-6089 Valley: 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. project methane status (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. To obtain a report for methane and other property information, visit http://zimas.lacity.org			
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
Subtotal:			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
Total Load (Add lines 1-3)			Kilowatts

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PLANNING INFORMATION SHEET
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 - _____

