

**APPLICATION FOR NEW RESIDENTIAL ELECTRIC SERVICE
OR UPGRADE**

Customer or Company Name _____

Address _____

Telephone Number _____ Fax Number _____

Name of Contractor _____

Address _____

Telephone Number _____ Fax Number _____

SITE LOCATION _____

Street Address

City

State

Zip Code

Temporary Construction Power Needed: Yes No

New home

Upgrade Wire Meter Box Breaker Box

Service entrance size: 100 amp 200 amp 400 amp Other _____

Service entrance type: Overhead Underground

Work order number _____

Cost of work _____

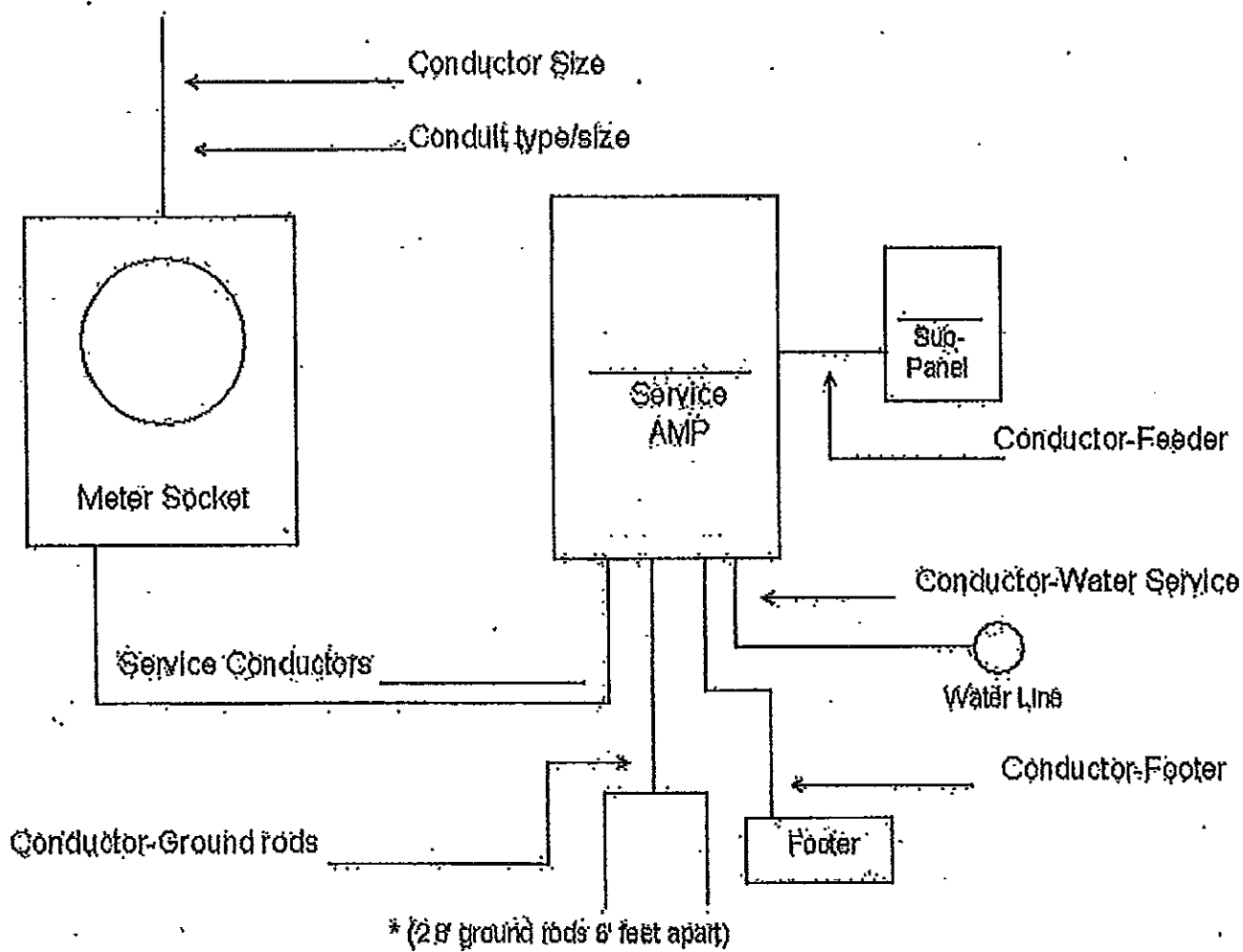
Detailed description of work _____

Signature of Applicant

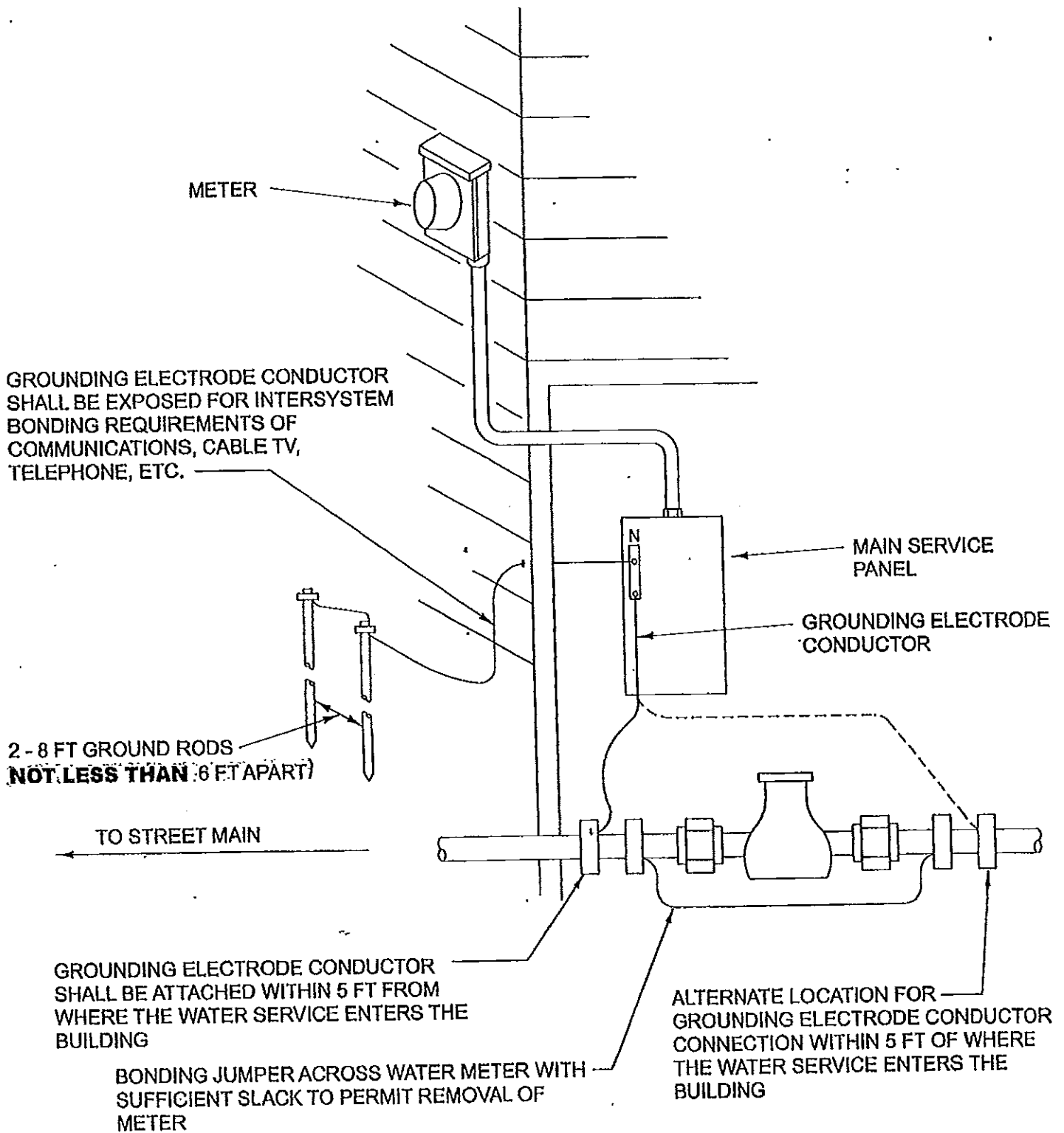
Date of Application

Provide Information for New Electrical Service Work

Overhead or Underground



TYPICAL GROUNDING DETAILS



TYPICAL 320 AMP OR LESS OVERHEAD SERVICE INSTALLATION

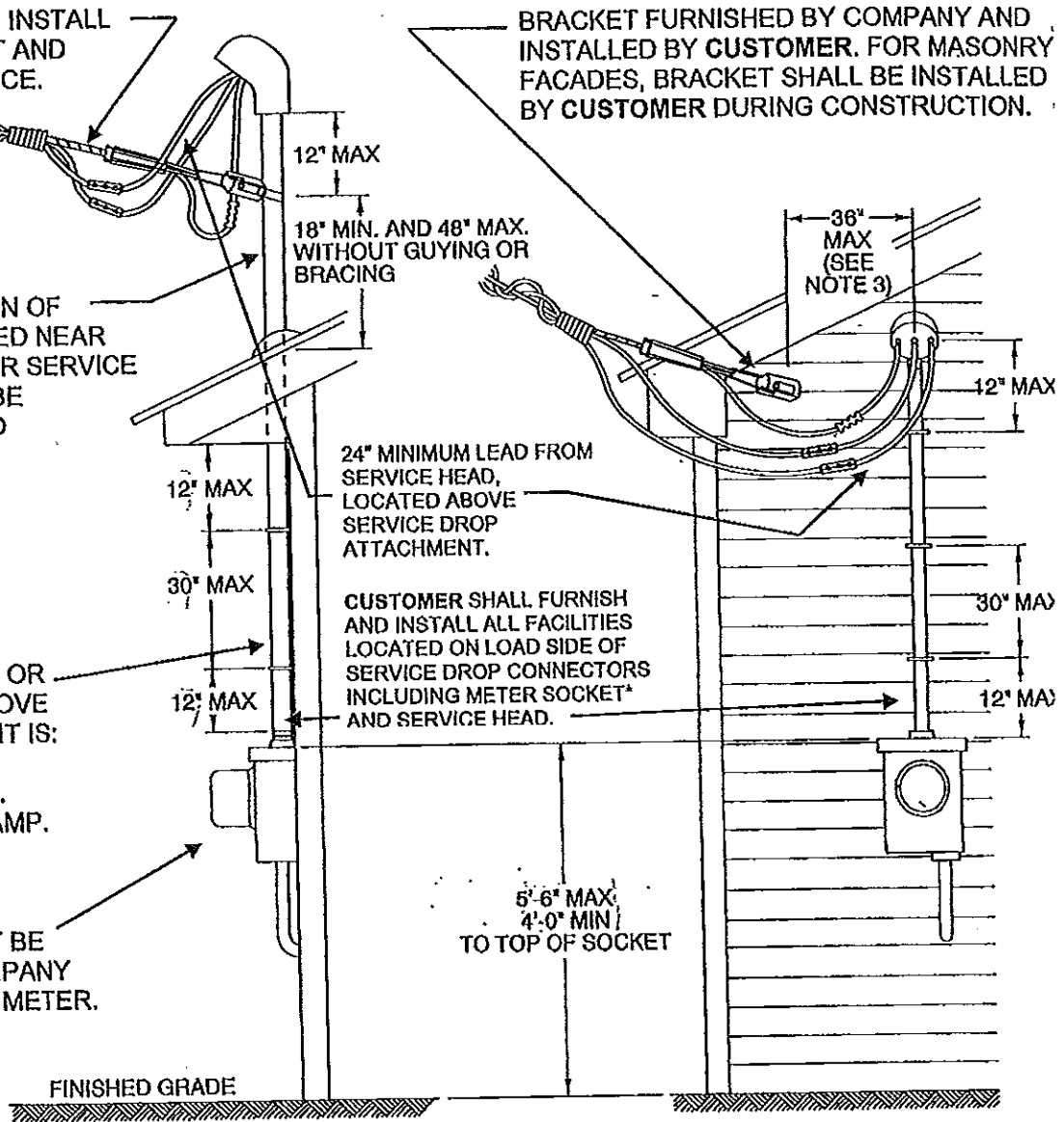
COMPANY WILL FURNISH AND INSTALL SERVICE DROP AND BRACKET AND ATTACH TO SERVICE ENTRANCE.

BRACKET FURNISHED BY COMPANY AND INSTALLED BY CUSTOMER. FOR MASONRY FACADES, BRACKET SHALL BE INSTALLED BY CUSTOMER DURING CONSTRUCTION.

MAST SHALL BE FULL SECTION OF PIPE WITH COUPLING LOCATED NEAR METER SOCKET. ONLY POWER SERVICE DROP CONDUCTORS SHALL BE PERMITTED TO BE ATTACHED TO MAST.

GALVANIZED RIGID CONDUIT OR IMC ONLY. IF EXTENSION ABOVE ROOF TO ATTACHMENT POINT IS:
 18" - 24" USE 2" DIAM. MIN.
 24" - 48" USE 2 1/2" DIAM. MIN.
 3" DIAM. MINIMUM FOR 320 AMP.

METER SOCKET* SHALL NOT BE RECESSED INTO WALL. COMPANY WILL FURNISH AND INSTALL METER.



24" MINIMUM LEAD FROM SERVICE HEAD, LOCATED ABOVE SERVICE DROP ATTACHMENT.

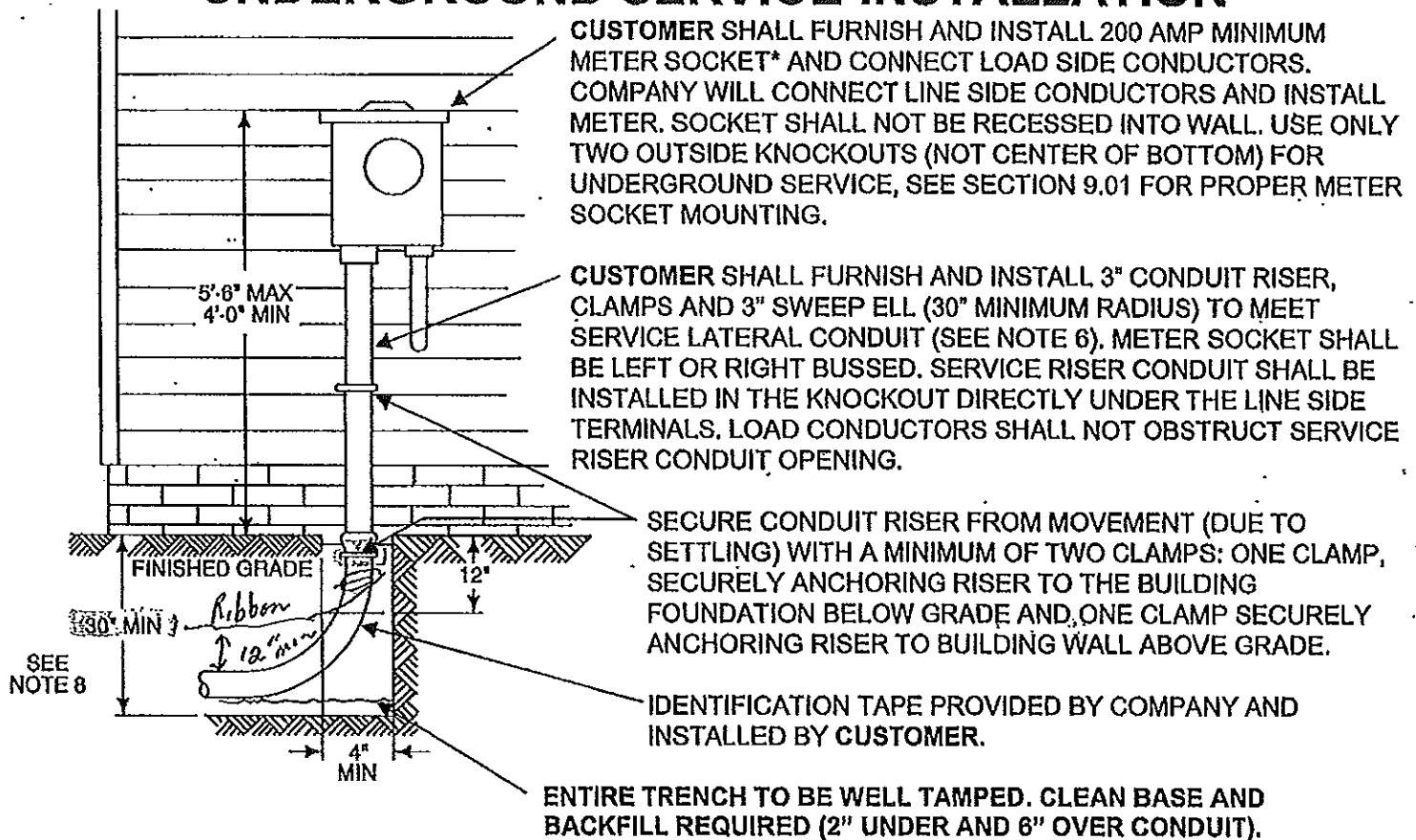
CUSTOMER SHALL FURNISH AND INSTALL ALL FACILITIES LOCATED ON LOAD SIDE OF SERVICE DROP CONNECTORS INCLUDING METER SOCKET* AND SERVICE HEAD.

• WEST VIRGINIA ONLY: METER SOCKETS FURNISHED BY COMPANY.

NOTES:

1. SEE FIGURE 1 FOR MINIMUM GROUND CLEARANCE.
2. SEE FIGURE 2 FOR GROUNDING REQUIREMENTS.
3. CUSTOMER SHALL CONSULT COMPANY FOR POINT OF ATTACHMENT OF SERVICE DROP AND METER LOCATION. IF COMPANY AGREES TO ALLOW CUSTOMER TO INSTALL BRACKET ABOVE SERVICE HEAD, BRACKET SHALL BE LOCATED NO MORE THAN 24 INCHES FROM SERVICE HEAD.
4. INHIBITOR COMPOUND SHALL BE USED ON ALL ALUMINUM WIRE TERMINATIONS.
5. ALL CUSTOMER WORK SHALL BE COMPLETE AND INSPECTIONS OBTAINED (SEE SECTION 4.06) BEFORE COMPANY WILL PROVIDE SERVICE.
6. FOR METER SOCKET SPECIFICATIONS AND MOUNTING, SEE SECTION 9.

TYPICAL 320 AMP OR LESS UNDERGROUND SERVICE INSTALLATION



*WEST VIRGINIA ONLY: METER SOCKETS FURNISHED BY COMPANY.

NOTES:

1. CUSTOMER SHALL CONTACT COMPANY FOR METER LOCATION. CUSTOMER TO TRENCH AND BACKFILL; FURNISH AND INSTALL CONDUIT WITH 1/4" NYLON OR POLYPROPYLENE PULL ROPE FOR COMPANY SERVICE LATERAL CONDUCTORS. TRENCH IS TO BE EXCAVATED IN LOCATION INDICATED BY COMPANY AND GRADED TO WITHIN 6" OF FINISHED GRADE. SEE FIGURES 32 AND 33 FOR TYPICAL TRENCHING DETAILS.
2. ALL CUSTOMER WORK SHALL BE COMPLETED AND INSPECTIONS OBTAINED (SEE SECTION 4.06) BEFORE COMPANY WILL PROVIDE SERVICE.
3. SEE FIG. 2 FOR GROUNDING REQUIREMENTS.
4. SEE SECTION 9 FOR METER SOCKET SPECIFICATIONS.
5. INHIBITOR COMPOUND SHALL BE USED ON ALL ALUMINUM WIRE TERMINATIONS.
6. CONDUIT RISER AND SWEEP ELL SHALL BE 3" SCHEDULE 80 PVC OR EQUIVALENT. SERVICE LATERAL CONDUIT SHALL BE 3" DIAMETER TYPE II PVC RIGID CONDUIT - DB60, DB120, OR SCHEDULE 40. ALL CONDUIT SHALL BE ELECTRICAL GRADE. CLAMPS SHALL BE SECURELY ANCHORED TO FRAMING TIMBER OR MASONRY.
7. CONDUIT RISER SHALL HAVE WEEP HOLES AT GROUND LINE WHEN REQUIRED.
8. CUSTOMER SHALL PROVIDE 3" TYPE II PVC OR SCHEDULE 40 SWEEP ELL (30" MINIMUM RADIUS) AT TERMINAL POLE OR PAD MOUNTED TRANSFORMER.

PROPERTY OWNER AUTHORIZATION

I, _____, do hereby authorize
Property Owner's Name Printed

_____ to act on my behalf in
Acting Agent's Name Printed

applying for a Building Permit for the following work:

to be performed at _____
Address where construction will occur

Property Owner's Signature

Property Owner's Street Address

Property Owner's City, State, Zip Code

Date

Butler Township Workers' Compensation Information

If the homeowner is the contractor, please complete the following and stop at the dotted line.

I, _____, am the homeowner and am "Exempt from
(Print Name)

Workers' Compensation.

Homeowner's Signature

Date

If the homeowner is not the contractor for the building permit, the contractor in compliance with Act 44 of 1993, hereby submits the following information. Please check one of the following:

A current *Certificate of Insurance* showing proof of Workers' Compensation is attached to this form. The certificate must indicate **Butler Township** as the certificate holder. **Signature required below, but does not need notarized.**

The building permit contractor qualifies as "Exempt from Workers' Compensation". Please indicate the reason for the exemption by shading in one of the following. **Complete the box below and get notarized.**

- Contractor is a Sole Proprietor without employees.
- All of the contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Act. Explain in detail: attach as necessary.

- Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act. Explain the status of any/or all workers on the project: attach as necessary.

Name of Contractor / Company: _____

Address: _____

City _____ State _____ Zip Code _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

Contractor Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

My Commission Expires
