

# Application For Gas And Electric Services

Please photocopy both sides of this page for multiple use.

<b>DATE</b>	<b>BCLCO@xcelenergy.com</b>	<b>PHONE: 1-800-628-2121</b>	<b>FAX: 1-800-628-2521</b>
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**SERVICE ADDRESS (PLEASE PRINT)**

<b>House or Fire Number</b>	<b>Full Street Name</b>		
<b>City</b>		<b>State</b>	<b>Zip</b>
Urban	Rural	Direction to service location (Rural required)	
Subdivision Name _____	County _____	_____	
Lot Number _____	Township _____	_____	
Block Number _____	Range _____	_____	
County _____	Section _____	_____	
<input type="checkbox"/> Unincorporated	<input type="checkbox"/> Incorporated	Cross Street/Road _____	

**CONSTRUCTION INFORMATION (PLEASE PRINT)**

<b>Owner Information (Party to be billed during construction)</b> <b>Owner/Builder Name</b> _____ Mailing Address _____ City _____ State _____ Zip _____ Phone Number _____ Contact during construction _____ Address _____ City _____ State _____ Zip _____ Email _____ Daytime phone _____ Fax _____ Cell _____	<b>Contractor Information (include phone number)</b> <b>Builder</b> _____ Phone Number _____ Email _____ <b>Heating Contractor</b> _____ Phone Number _____ Email _____ <b>Electrical Contractor</b> _____ Phone Number _____ Email _____ <b>A &amp; E Firm</b> _____ Phone Number _____ Email _____
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Required services:     Electric     Gas     New     Relocate     Conversion     Demolition

**SERVICE INFORMATION (COMPLETE ALL SECTIONS)**

<b>Electric Service</b> <input type="checkbox"/> overhead <input type="checkbox"/> underground Service size (amps) _____ Air conditioning tonnage: _____ ton <input type="checkbox"/> single phase <input type="checkbox"/> three phase    Voltage _____ <b>Is temporary electric service needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> single phase <input type="checkbox"/> three phase <input type="checkbox"/> at pole <input type="checkbox"/> at transformer <input type="checkbox"/> pedestal <input type="checkbox"/> other _____ Date needed _____ / _____ /20 _____ Foundation backfill / To grade _____ / _____ /20 _____	<b>Gas Service</b> (For gas service, please fill out second page of application.) Is this service being used for primary heat? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Total gas load (BTUs/hour):</b> _____ Pressure <input type="checkbox"/> 6 or 7 inch <input type="checkbox"/> 2 lb <input type="checkbox"/> Other _____ Date needed _____ / _____ /20 _____ Foundation backfill / To grade _____ / _____ /20 _____
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**FACILITY INFORMATION (COMPLETE ALL SECTIONS)**

**Building Type**     single home     duplex     multi-dwelling/no. of units \_\_\_\_\_     commercial bldg.     mobile

**Building Class**     residential     commercial     farm

Building square footage \_\_\_\_\_ Building setback from property line (feet) \_\_\_\_\_

**Electric Meter** location preference (when you are facing the front of the house from the outside)     on house     on garage  
 right side     left side     front     other \_\_\_\_\_ Feet from front corner \_\_\_\_\_

**Gas Meter** location preference (when you are facing the front of the house from the outside)     on house     on garage  
 right side     left side     front     other \_\_\_\_\_ Feet from front corner \_\_\_\_\_

For Commercial  
Total motor load \_\_\_\_\_ HP    Largest HP \_\_\_\_\_ Code \_\_\_\_\_ BTU input \_\_\_\_\_    See second page of form

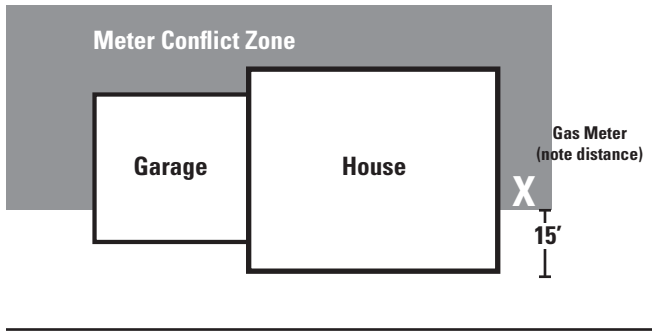
END USES			
Equipment type	Gas (specify BTUs/hours input)	Electric (specify kW)	Other Fuel Type
Heating			
Water heating			
Cooking			
Air conditioning			
Clothes drying			
Fireplace			
Lighting (Commercial Only)			
Heat source (check type)	<input type="checkbox"/> Forced air furnace	<input type="checkbox"/> Heat storage	<input type="checkbox"/> Underfloor/slab heat <input type="checkbox"/> Baseboard
Meter Option (if applicable)	<input type="checkbox"/> Time of use	<input type="checkbox"/> Dual fuel	<input type="checkbox"/> Limited off-peak <input type="checkbox"/> Saver's Switch

It is preferred that the site plan including proposed meter locations and compass directions be attached. Or draw sketch below as if you are facing the front of the house from the outside.



**Service Address** \_\_\_\_\_

**Please indicate north**



1. Customer-owned facilities must be located and identified by customer.
  2. Indicate distances for meters from nearest corner of building.
  3. Preferred meter location is on same side of house as Xcel Energy source.
  4. Inspection must be complete before service is energized.
  5. If no Inspector, Proof of Compliance (Electric) and/or Certificate of Compliance (Gas) must be complete.
  6. Site must be within 4 to 6 inches of final grade (for new construction) and a clear 10-foot-wide path from Xcel Energy source to meter.
  7. Winter construction charges may apply from 10/1 to 4/15.
  8. Water and sewer must be installed prior to electric or gas service.
- Meter Conflict Zone* any potential area for a deck, patio, pool, etc.

**2nd Street**

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**Contact:** Builders Call Line  
 Xcel Energy  
 Phone: 1-800-628-2121  
 Fax: 1-800-628-2521  
 BCLCO@xcelenergy.com