



Your Touchstone Energy® Partner

P.O. Box 929, Brighton, CO 80601
500 Cooperative Way, Brighton, CO 80603
(303) 659-0551 • 1-800-468-8809 • Fax (303) 637-1338
http://www.unitedpower.com

APPLICATION FOR ELECTRIC SERVICE
INDIVIDUAL COMMERCIAL/INDUSTRIAL BUILDING

(Design fee must be submitted with the application.)

Date of Submission: _____

Business Name to appear on all construction accounts _____

Service Address _____

If tax exempt, you must attach a copy of your exemption license or a State tax exemption form.

Current mailing address _____

Contact Name _____ Office telephone _____

Mobile telephone _____ Fax number _____

Contact's email address _____

Electrical Engineer Firm _____

Contact's name _____ Telephone _____

Mobile telephone _____ Fax number _____

Electrical Engineer's email address _____

Electrical Contractor _____ Contact _____

Telephone _____ Fax Number _____

Electrician's email address _____

Date electric service needed: Temp/Construction _____ Permanent _____

REQUIRED FOR ELECTRIC SYSTEM DESIGN, RIGHT-OF-WAY ACQUISITION

- ___ Survey Plat and ___ Warranty Deed or ___ Real Estate Contract
- ___ Electric service voltage ___/___ v, Phase ___Φ
- ___ Electrical Demand ___ kW, Total HP ___ Electrical main panel size _____ amps
- ___ Type and size of planned heating and/or air conditioning system
- ___ Plan showing location of existing and/or planned customer-owned underground facilities and easements on the property. (Electric, water, propane lines, storm drain, septic tank, leach field, etc.)
- ___ Special electrical requirements _____
- ___ Anticipated plans for future additional electric load
- ___ Site-plan **paper copy and GIS/AutoCAD files** (see below) identifying:
 - ___ Location on property of the proposed building
 - ___ Preferred location for temporary construction power
 - ___ Preferred location of electric transformer pole or padmount transformer
 - ___ Preferred permanent electric meter location
- ___ Construction plans – complete set - **paper copy**
- ___ Construction plans for off-site road improvements requiring overhead lines to be relocated or converted to underground- **paper copy**
- ___ Designate electric service location for temp construction power transformer

GIS/AUTOCAD FILE REQUIREMENTS FOR ELECTRIC SERVICE
GIS/AUTOCAD LAYERS MUST BE CLEARLY IDENTIFIED BELOW
BEFORE SUBMITTING THE APPLICATION

For the purposes of designing and constructing electrical service, United Power requires 1 of the following 3 digital data file types of the entire subdivision plat or project:

1. ESRI Personal Geodatabase (ArcGIS 9.x, Microsoft Access 97 or newer format)
2. ESRI shapefiles
3. AutoCAD.dwg or .dxf file

The requirements for ESRI or AutoCAD files are detailed below. Please indicate which type of deliverable you are submitting:

ESRI Personal Geodatabase ESRI shapefiles AutoCAD file

ESRI file type requirements

- Shapefile or Personal Geodatabase feature classes.
- The deliverable **MUST** contain the information specified in Table 1 in separate feature classes. For each Table 1 layer, please identify which feature classes contains the specific information requested.
- The GIS deliverables should be produced from the property survey plat. United Power does **NOT** require GIS data pertaining to the construction plans.
- A Projection (.prj) file must be delivered which contains the exact details of the projected or geographic coordinate system, reference datum, and units of measurement (e.g., NAD 83, Colorado State Plane North Zone, U.S. Survey feet). In addition, please enter the details of the coordinate system below. If the data are referenced to a ground-based coordinate system, the projection file should accurately reflect this change or we must be provided with the combined scale factor utilized to compute the grid-to-ground conversion.

Projected Coordinate System: _____
Geographic Coordinate System and Measurement Units: _____
Reference Datum: _____
Combined Scale Factor (if ground coordinates were used): _____
New False Easting (if modified) _____ New False Northing (if modified): _____

- These data should be delivered on a CD or by e-mail to: PowerApp@unitedpower.com. Please contact United Power for further delivery information.
- This sheet **MUST** be completed and included with the GIS deliverables.

AutoCAD file type requirements

- The AutoCAD **MUST** contain the information specified in Table 1 in separate layers. For each item, please identify which layer contains the specific information requested in Table 1.

- The AutoCAD file must **NOT** contain “X-refs” or other references to external files.
- The AutoCAD file must **NOT** be write-protected.
- The AutoCAD file should be drawn from the property survey plat. United Power does **NOT** require an AutoCAD file of the construction plans.
- Please indicate below whether the AutoCAD file is in a local or georeferenced coordinate system. If the drawing is in a georeferenced coordinate system (based on a GPS tie, for example), indicate the exact details of the projected or geographic coordinate system, reference datum, and units of measurement (e.g., NAD 83, Colorado State Plane North Zone, U.S. Survey feet). If the data are referenced to a ground-based coordinate system, we must be provided with the combined scale factor utilized to compute the grid-to-ground conversion. When possible attach a World File (.wld) to the AutoCAD file with the projection information.
 Coordinate System: Local Georeferenced

Projected Coordinate System: _____
 Geographic Coordinate System and Measurement Units: _____
 Reference Datum: _____
 Combined Scale Factor (if ground coordinates were used): _____
 New False Easting (if modified) _____ New False Northing (if modified): _____

- The AutoCAD file should be delivered on a CD or by e-mail to: PowerApp@unitedpower.com. Please contact United Power for further delivery information. **(Our email system won't allow .zip files to come through. Please rename the .zip extension to something else, i.e., .zap.)**
- The AutoCAD file should be delivered with the layers listed below turned “on.” Additional layers should either not be turned on or ideally not be present in the file.
- This sheet **MUST** be completed and included with the AutoCAD file.

Detail the **EXACT** layer names containing the requested information in **ALL** fields below:

Table 1 - Required GIS/AutoCAD Layers

1. Street Right-of-Way	Feature Class/Layer Name:
2. Lot and tract boundary lines	Feature Class/Layer Name:
3. Utility and drainage easements	Feature Class/Layer Name:
4. Section corners and other primary survey ties	Feature Class/Layer Name:
5. Section lines	Feature Class/Layer Name:
6. Street names and boundaries	Feature Class/Layer Name:
7. Outlot and tract annotation	Feature Class/Layer Name:
8. Building(s) layout	Feature Class/Layer Name:
9. Road center lines and road edge	Feature Class/Layer Name:
10. Other (landscape, drainage, wet utilities, etc.)	Feature Class/Layer Name:

GIS/AutoCAD Contact:	Title:
Phone:	Email:

Land Surveyor Contact:	Title:
Phone:	Email:

**United Power New Service Application
Individual Commercial/Industrial Building
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If you have any questions about providing United Power with ESRI Personal Geodatabase, ESRI Shapefile, and/or AutoCAD of your projects files, please contact the United Power GIS Data Specialist at (303) 637-1368 or GISPower@unitedpower.com. For general questions, please contact a District Representative at telephone 303-659-0551.

Business Name that will be the **permanent customer** on accounts: _____

Current mailing address _____

Contact Name _____ Office telephone _____

Mobile telephone _____ Fax number _____

Contact's email address _____

If tax exempt, the permanent customer must submit a copy of their exemption license or a State tax exemption form at the time the permanent meter goes into their name.

Please note who will be signing the line extensic

_____ Contractor/Developer



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Confidential Information

(This form MUST be filled out in order to process your application.
When your job is completed this form will be appropriately disposed of.)

CONTACT INFORMATION:

Customer Name: _____ Soc Sec #/FEIN: _____

Service Address: _____

Contact Number: _____

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### TYPE OF CONSTRUCTION:

| <b>(choose one)</b>                                                  | <b>DESIGN FEE</b>                                                                                  |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ____ Individual Residence                                            | \$350 per extension<br><i>(Each redesign will be an additional \$350)</i>                          |
| ____ Residential Apartment Building or Complex                       | \$750 per building<br><i>(Each redesign will be an additional \$750)</i>                           |
| ____ Individual Commercial or Industrial Building                    | \$750 per building<br><i>(Each redesign will be an additional \$750)</i>                           |
| ____ Relocation/Conversion to Underground of United Power Facilities | \$750 + \$1/lineal foot<br><i>(Each redesign will be an additional \$750)</i>                      |
| ____ Multiple Unit Commercial or Industrial Complex                  | \$1,500 per building + \$50 per unit/meter<br><i>(Each redesign will be an additional \$1,500)</i> |
| ____ Subdivisions or PUD Development                                 | \$1,500 + \$50 per lot<br><i>(Each redesign will be an additional \$1,000)</i>                     |

Design Fee Total \$ \_\_\_\_\_  
*(Application fees and redesign fees will be non-refundable and applied to the cost of the project and included in the Line Extension Agreement for any required construction of United Power facilities. If there is not an agreement signed within one year of the application date, a new application will be required.)*

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PAYMENT INFORMATION:

____ Check: No. _____

____ Visa ____ MasterCard

_____ - _____ - _____ Expiration Date: _____

Name on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Billing Zip Code: _____

Contact Phone Number: _____

Signature: _____