To be completed by KEYS
Date Received: _____
Drawings Submitted: YES_____ NO_____
Panel Breakdown: YES_____ NO_____
Accepted By: _____

PROJECT REVIEW FORM

TO BE PROCESSED FOR NEW SERVICE OR WHEN AN INCREASE IN LOAD WILL OCCUR

CUSTOMER INFORMATION

Project Name:_____

Project Location:_____

Project type/use: ☐ Hotel ☐ Condominium ☐ Timeshare ☐ Multi-residential ☐ Other_____

Meter quantities requested:

☐ Individual for each unit ☐ One Meter for entire project ☐ One Meter for each building

Construction Start Date:_____ Completion Date:_____ Electric Connection Date:_____

Owner: _____ Phone:_____

Mailing Address:_____

E-mail Address:_____

Architect/Engineer:_____ Phone:_____

General Contractor:_____ Phone:_____

Electrical Contractor:_____ Phone:_____

Service Size:_____Amps Voltage:_____ Phase:_____ Type:_____ Wire Size:_____

(1 or 3) (Wye or Delta) (#cond/phase)

CONNECTED LOAD

Load Type	1-Phase – kW	3-Phase – kW
Exterior Lighting		
Interior Lighting		
Air Conditioning -Compressor		
-Air Handler		
-Heat Strips		
Cooking		
Water Heating		
Refrigeration		
Pool Pump Motor Loads		
Elevator Motor Loads		
Fire Pump Motor Loads		
Motor Loads (other than above)		
MISCELLANEOUS (EXPLAIN TYPE)		
Miscellaneous		
Miscellaneous		
TOTAL CONNECTED kW		

Total Connected kW load_____ (1-Phase kW + 3-Phase kW)

NEC Calculated kW Demand _____

Note - The load table is to be completed by the owner's electrician and/or engineer. It will then be used by KEYS to size the transformer and select the meter type. It is very important that it be thorough and accurate.

Square Footage of Project:_____ or # of Units_____ Hours of Operation: _____

☐ Commercial ☐ Residential ☐ Temporary ☐ House Meter

Electrical Service Requested: ☐ Overhead Secondary ☐ Underground Primary ☐ Underground Secondary

Other information that owner/developer wants KEYS to consider as we develop the projected maximum KW demand:

_____

_____

Print name of person submitting information

TO BE COMPLETED BY KEYS – Internal Use Only

Project Name: _____

Total Connected Load _____ kW _____ _____/_____/_____
Supervisor of Engineering

% of Diversity _____ % _____ _____/_____/_____
Director of Engineering

Total Demand Max _____ kW

Comments: _____

Walk Thru Required:	Yes_____	No_____	
Metering per Drawing:	CT_____	or SC_____	Unknown_____
Meter Install Only:	Yes_____	No_____	
Upgrade of Service:	Yes_____	No_____	
Work Ticket/ER #:	Yes_____	No_____	If yes, #_____
Transformer Upgrade Needed:	Yes_____	No_____	
Transformer Install Needed:	Yes_____	No_____	
New Service Drop Only:	Yes_____	No_____	
Engineering Inspection Needed:	Yes_____	No_____	
CBRA Area Impact	Yes_____	No_____	If yes, special LE needed

To be completed by Customer Services:

Has customer signed up for service:	Yes_____	No_____	
Temporary Service:	Yes_____	No_____	
Deposit Only:	Yes_____	No_____	
Meter type required:	SC _____	CT_____	Ratio_____

SIC Code: _____
Rate: _____

_____ _____/_____/_____
Meter Services Section

Form Revision #: Ver 9.1
Date: May 10, 2017