




Application For Gas And Electric Services

Please photocopy both sides of this page for multiple use.

Date	bclmn@xcelenergy.com	Phone: 800.628.2121
Service address (please print)		
House or fire number	Full street name	
City	State	Zip
Urban Subdivision name _____ Lot number _____ Block number _____ County _____	Rural County _____ Township _____ Range _____ Section _____	Direction to service location (rural required) _____ _____ _____
<input type="checkbox"/> Unincorporated	<input type="checkbox"/> Incorporated	Cross street/road
Construction information (please print)		
Owner information (party to be billed during construction)		Contractor information (include phone number)
Owner/Builder name _____		Builder _____
Mailing Address _____		Phone Number _____
City _____ State _____ Zip _____		Email _____
Phone number _____		Heating contractor _____
Contact during construction _____		Phone Number _____
Address _____		Email _____
City _____ State _____ Zip _____		Electrical contractor _____
Email _____		Phone number _____
Daytime phone _____		Email _____
Fax _____		A & E firm _____
Cell _____		Phone number _____
		Email _____
Required services: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> New <input type="checkbox"/> Relocate <input type="checkbox"/> Conversion		
Service information (complete all sections)		
Electric Service		Gas Service (For gas service, please fill out second page of application.)
<input type="checkbox"/> Overhead <input type="checkbox"/> Underground service size (amps) _____		Is this service being used for primary heat? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is temporary electric service needed? <input type="checkbox"/> Yes		Total gas load (BTUs/hour): _____
<input type="checkbox"/> At pole <input type="checkbox"/> At transformer <input type="checkbox"/> Pedestal _____		Pressure <input type="checkbox"/> 6 or 7 inch <input type="checkbox"/> 2 lb <input type="checkbox"/> Other _____
<input type="checkbox"/> Other		Date needed _____ / _____ /20 _____
Air conditioning tonnage: _____ ton		Foundation backfill / To grade _____ / _____ /20 _____
Date needed _____ / _____ /20 _____		
Foundation backfill / To grade _____ / _____ /20 _____		
Facility information (complete all sections)		
Building type <input type="checkbox"/> Single home <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-dwelling/no. of units _____ <input type="checkbox"/> Commercial bldg. <input type="checkbox"/> Mobile		
Building class <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> 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) <input type="checkbox"/> On house <input type="checkbox"/> On garage		
<input type="checkbox"/> Right side <input type="checkbox"/> Left side <input type="checkbox"/> Front <input type="checkbox"/> Other _____ Feet from front corner _____		
Gas meter location preference (when you are facing the front of the house from the outside) <input type="checkbox"/> On house <input type="checkbox"/> On garage		
<input type="checkbox"/> Right side <input type="checkbox"/> Left side <input type="checkbox"/> Front <input type="checkbox"/> Other _____ Feet from front corner _____		

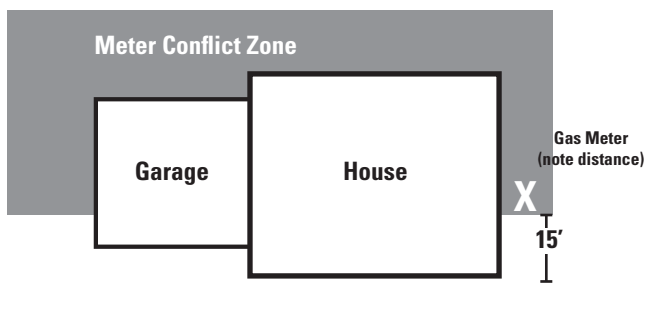
End uses			
	Gas (specify BTUs/hours input)	Electric (specify kW)	Other fuel type
Heating			
Water heating			
Cooking			
Air conditioning			
Clothes drying			
Fireplace			
Pool heating			
Garage heating			
Geothermal			
Heat source (check type)	<input type="checkbox"/> Forced air furnace	<input type="checkbox"/> Heat storage	<input type="checkbox"/> Underfloor/slab heat <input type="checkbox"/> Baseload
Meter option (if applicable)	<input type="checkbox"/> Back up relief	<input type="checkbox"/> Limited off-peak	

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. In areas served by Xcel Energy electric, please identify the side of the building the electric stub in the boulevard is located. Right or left side as you face the house from the street.



Please indicate north

Service address _____



2nd Street

Contact: Builders Call Line
 Xcel Energy
 Phone: 800.628.2121
 bclmn@xcelenergy.com

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 stub.
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 stub 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.