

Commercial Gas and Electric

$\overline{}$	Site Information					
Name			Requested installation date			
	Site address	City	<i>'</i>	State	eZIP_	
(Owner Information					
	Name	Mailing ad	dress			
	City		Stat	ie	ZIP	
	Contact name	Phone ()		_Email	
(Construction Information					
	General Contractor	Stree	t address			
	City		Stat	ie	ZIP	
	Project manager	Phone ()		Email	
	Job supervisor	Phone ()		Email	
	Mechanical Contractor					
	Contact name	Phone ()		Email	
	Electrical Contractor					
	Contact name	Phone ()		Email	
(Billing Information					
	Who should receive monthly bills during const	ruction?				
	Owner General Contractor	☐ Heating Contra	actor	☐ Electrical Cont	tractor	
	Will you need temporary construction heat?	☐ Yes ☐ No	Temp heat load	d and pressure:		
	Will you need temporary electrical service?	☐ Yes ☐ No ☐	Single phase	☐ Three phase	Overhead	Underground
(Service Information					
	Electric service	Service size (amps)		Rewire? Proposed	d added load	
	Single phase Three phase Voltage	Electrical meter wall I	ocation \square North	☐ South ☐ East	t West # of fe	et from corner
	Gas service Pressure □ 6 or 7 inch w.c. □ 2 lb Other		Single te	nant	toponto # of mo	eters
	Gas meter wall location North South			•	e tenants # of the	sters
	 Customer-owned facilities must be located customer, i.e., sprinkler, septic tank, drain fig. Indicate distance for meters from nearest considerable. Inspection must be complete before service. If no inspector, Proof of Compliance (electrof Compliance (gas) must be complete. 	ield, etc. corner of building. e is energized.	and a cle 6. Winter c 7. Water an 8. Charges	ear 10-foot wide path construction charg	n from Xcel Energ es may apply fr nstalled before e erred meter loca	om 10/1 to 4/15. lectric and gas service.

PLEASE RETURN TO: Xcel Energy, Builders Call Line, 1518 Chestnut Avenue, Minneapolis, MN 55403, Fax number: 1-800-628-2521, email: builders.call.line@xcelenergy.com

Web address: xcelenergy.com/BuildersandDevelopers

For questions, please contact us at builders.call.line@xcelenergy.com or 1-800-628-2121 (7 a.m. to 4:30 p.m. Central Standard Time).

MINNESOTA | NORTH DAKOTA | SOUTH DAKOTA

END USES								
Equipment type	Gas (specify BTUs/hours input)	Electric (specify kW)						
Heating			Reg size / type Orf. Size					
Water heating								
Cooking			Mtr # / size					
Air conditioning			Mtr press / Corr fac					
Clothes drying/fireplace			Relief size / type / press					
Lighting			Wall type					
Motors			Date completedBy					
Total			Notes					
Heat source (check type)	☐ Forced air furnace ☐	Heat pump Hea	t storage Underfloor/slab heat Baseboard					
Electric meter option (if ap	plicable) Time of use	Dual fuel	ted off-peak Saver's Switch					