

## Electric Service Request (ESR) Form

Effective: October 5th, 2023

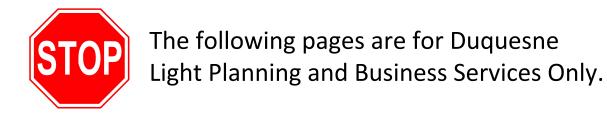
Customer D	ates:				
Requested In-Se	rvice Date:				
Service type :	Temporary Power	Permane	ent Power		
Construction Bid	Date:	Co	onstruction Start Da	te:	
1. Service Ad	dress Information				
				O digit):393-4343; please call to obtain).*	
Name of Busin	ness:		(	Please ensure this is address of <u>service</u> ddress for billing. Billing handled sepa	, not
	ss:				atery.)
City and Zip: _		Municipalit	ty/ borhood:		
			<del></del>	<del></del>	
2. Contact In	formation (one or mo	re of the following Company	n <b>g)</b> Phone	Email	
Owner/Develope	er:				
Engineer:					
Electrician:					
Contractor:					
3. Building D	<b>Data</b> development, please fill out <u>a</u>	separate ESR for each	n building.		
Area (square	feet):				
Building type	(choose one):				
Constru Education Governing Healthc Hospita Large O Manufa Public U Retail Services Street L	ment are lity ffice or Warehouse				

<sup>\*</sup>Number of units (individual meters required):\_\_\_\_\_\_

Total Connected Load (kW):	(must equal sum of all kW values below)
Largest Motor (hp):x motor co Special Loads [i.e., x-ray, welders, EV	ode value = (kW, approximate) <i>if NEMA motor code value unknown, us</i> charging](kW):
HVAC Heating (kW): HV	AC Cooling* (kW): Load (kW):
*Please provide air conditioning tonnage	
4.b. Are electric venicle (EV) charging	stations planned as part of the design?  Yes  No
5. Electrical Requirements (Choose or	ne)
120/208 volt, 3-phase, 4-w	vire
277/480 volt, 3-phase, 4-v	vire
120/240 volt, 1-phase, 3-v	vire
Other:	
6. Service Size	
Amps:	_
Wire size/type:	(i.e "350 kcmil copper," etc.)
Number of secondary runs pla	anned :
7. On-Site Generation: Parallel or N	on-Parallel (i.e., Back-up Only)
Parallel:	Non-Parallel (i.e., Back-up Only)
Type of System:	Type of System:
Proposed Size (AC Output kW):	Proposed Size (AC Output kW):
	occurs when a small generator facility is connected electrically to the electric distribution m the small generator facility to the electric distribution system.
8. Meter Requirements (Choose one)	)
Single Meter	
Multiple Meters - Quantity of me	eters estimated:
*Each residential dwelling unit in a build	ding must be individually metered*
Metering Location:	
Will the metering be located inside	de of the switch gear? Yes* No
	to be reviewed by DLC prior to purchase.
9. Required Attachments	
Site Plan (CAD File <b>AND</b>	(If for Temporary Power, please ensure to depict desired service point location on site plan.)
PDF) Single-Line Diagram	on site plant,
Riser Diagram for metering	
Additional Considerations/Fu	ture Load Requirements:

4.a. Load Breakdown

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### FOR DUQUESNE LIGHT USE ONLY



#### Service Request and Approval Form

FPN:

**Business Services Employee:** 

Parcel ID:

Circuit #:

WO#:

	Present Installation: (service to be replaced/eliminated)					Proposed Installation: (new/additional service)				
Service	Voltage	Phase	Wires	Max. Summer	Max. Winter	Voltage	Phase	Wires	Max. Summer	Max. Winter
Power/Light										
Power/Light										
Power/Light										
		Pre	esent				1	Propose	b	
	Largest N	Motor		Н	Р	La	rgest Moto	or	HI	•
			المناد الداد	he customer		Note: Lega	acy voltage n	nay not be al	ble to be used in	new projects

4	141-			- C			_I		. 41	
Ι.	. vv a	ıs a	set	OT	engine	ering	arawings	provided by	y tne	customer

No, this is an upgrade to an existing service at the same site location.

2.	Is the	customer	planning	on installing	on-site ger	neration?

Yes, with the intention to net-meter or wholesale. (Contact interconnection@duqlight.com )

Yes, as back-up generation

No

3. Is this customer installing electric vehicle charging stations?

Yes (Include electricvehicles@duqlight.com when issuing CSR.)

4. Is this customer replacing or upgrading equipment that does NOT fall under OH or UG T&D (i.e. Customer SS switchgear, control equipment, relays, etc.)?

Yes (Contact Asset Mgmt. AND ProtectionEngineering@duqlight.com)

No

**5.** Is this an existing customer?

Yes (please provide sheet, site, and pole for existing service:)

**6.** What is the service being requested?

Primary service Overhead transformer Pad-mounted transformer

URD, provide number of units: \_\_\_\_\_ Base-mounted transformer in vault

Network transformers in vault Street secondary

7. What is the customer's requested service type? (check all that are applicable)

Downtown Network Customer Substation

Double-tapped\* Single-tapped Double-bank Single-bank

Customer's protection settings provided

No 8. Was the Riser Diagram/Single-Line provided by the customer? Yes

9. Presumed Allocation of Cost:

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## FOR DUQUESNE LIGHT ONLY



## **Customer Service Recommendation Customer Name:**

### **Expected In-service Date:**

**Motor Starting Limitations** 

Expected	i iii-servi	ce Date:						
			Sı	ımmary	of Work			
Service C	Center							
Impacted	Circuit(s)							
Impacted	Substation	1						
Long-lead	d Time Equ	ipment						
Prerequis	site WOs							
	1	1						
Subst. Work	URD	UG Removal	New OH	New UG	Aerial Cable	Re- Conductoring	OH Removal	Primary Metered
Circuit I	 Informati	on						
Transfa	rmer Info	rmation						
Transform	er 1 Informa	ation						
If Other, p	lease explai	n						
Transforme	er 2 Informa	ation						
If Other, p	olease expla	in						
Short Ci	rcuit							
Largest 1	Motor							



# **Customer Service Recommendation Customer Name:**

### **SCOPE OF WORK**

### Revision

Rev.	ESR/SRA /CSR	Prepared By	Revision Summary	Date	Planning Reviewed?