



Electric Service Request (ESR) Form

Effective: October 5th, 2023

Customer Dates:

Requested In-Service Date: _____

Service type : Temporary Power Permanent Power

Construction Bid Date: _____

Construction Start Date: _____

1. Service Address Information

Work Order # (6 or 7 digit): _____ **or** Service Point ID # (10 digit): _____

These reference numbers are provided by DLC's New Business group (phone 412-393-4343; please call to obtain).

Name of Business: _____ (Please ensure this is address of service, not address for billing. Billing handled separately.)

Service Address: _____

City and Zip: _____ Municipality/
Pgh. Neighborhood: _____

Parcel ID: _____

2. Contact Information (one or more of the following)

	Name	Company	Phone	Email
Owner/Developer:	_____	_____	_____	_____
Engineer:	_____	_____	_____	_____
Electrician:	_____	_____	_____	_____
Contractor:	_____	_____	_____	_____

3. Building Data

*If a multi-building development, please fill out **a separate ESR for each building.***

Area (square feet): _____

Building type (choose one):

- Chemical/Metal/Oil/Gas
- Construction/Office Trailer(s)*
- Education
- Government
- Healthcare
- Hospitality
- Large Office or Warehouse
- Manufacturing
- Public Utilities/Emergency
- Retail
- Services Residential Development*
- Street Lighting power only
- Transportation Electrification

*Number of units (individual meters required): _____

4.a. Load Breakdown

Total Connected Load (kW): _____ (must equal sum of all kW values below)

Largest Motor (hp): _____ x motor code value = _____ (kW, approximate) *if NEMA motor code value unknown, use 6*

Special Loads [i.e., x-ray, welders, EV charging](kW): _____

HVAC Heating (kW): _____ HVAC Cooling* (kW): _____

Additional Breakdown of Connected Load (kW): _____

*Please provide air conditioning tonnage rating, if known: _____ (tons)

4.b. Are electric vehicle (EV) charging stations planned as part of the design?

Yes

No

5. Electrical Requirements (Choose one)

120/208 volt, 3-phase, 4-wire

277/480 volt, 3-phase, 4-wire

120/240 volt, 1-phase, 3-wire

Other: _____

6. Service Size

Amps: _____

Wire size/type: _____ (i.e "350 kcmil copper," etc.)

Number of secondary runs planned : _____

7. On-Site Generation: Parallel or Non-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):

Note: Parallel operation - The state of operation which occurs when a small generator facility is connected electrically to the electric distribution system and the potential exists for electricity to flow from the small generator facility to the electric distribution system.

8. Meter Requirements (Choose one)

Single Meter

Multiple Meters - Quantity of meters estimated: _____

Each residential dwelling unit in a building must be individually metered

Metering Location: _____

Will the metering be located inside of the switch gear? **Yes*** **No**

*If yes, switch gear specs will need to be reviewed by DLC prior to purchase.

9. Required Attachments

Site Plan (CAD File **AND**

(If for Temporary Power, please ensure to depict desired service point location on site plan.)

PDF) Single-Line Diagram

Riser Diagram for metering

Additional Considerations/Future Load Requirements:

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The following pages are for Duquesne
Light Planning and Business Services Only.

FOR DUQUESNE LIGHT USE ONLY



Service Request and Approval Form

Business Services Employee:

FPN:

Parcel ID:

Circuit #:

WO#:

Service	Present Installation: (service to be replaced/eliminated)					Proposed Installation: (new/additional service)				
	Voltage	Phase	Wires	Max. Summer	Max. Winter	Voltage	Phase	Wires	Max. Summer	Max. Winter
Power/Light										
Power/Light										
Power/Light										
Present					Proposed					
Largest Motor			HP		Largest Motor			HP		

Note: Legacy voltage may not be able to be used in new projects.

1. Was a set of engineering drawings provided by the customer?

Yes, Planning can proceed with completing a CSR. Sufficient engineering drawings were provided by the customer.
 No, **this is an upgrade to an existing service at the same site location.**

2. Is the customer planning on installing on-site generation?

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.)
 No

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:)
 No

6. What is the service being requested?

Pad-mounted transformer	Overhead transformer	Primary service
Base-mounted transformer in vault	URD, provide number of units: _____	
Network transformers in vault	Street secondary	

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

Downtown Network	Customer Substation	{ Customer's expected pwr. factor: _____ Customer's protection settings provided Protection single-line diagram provided
Double-tapped*	Single-tapped	
Double-bank	Single-bank	

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

9. Presumed Allocation of Cost:

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The following pages are for Duquesne
Light Planning Only.

Revision Table available at end of document for anyone editing the document.



FOR DUQUESNE LIGHT ONLY

Customer Service Recommendation
Customer Name:

Expected In-service Date:

Summary of Work

Service Center	
Impacted Circuit(s)	
Impacted Substation	
Long-lead Time Equipment	
Prerequisite WOs	

Subst. Work	URD	UG Removal	New OH	New UG	Aerial Cable	Re-Conductoring	OH Removal	Primary Metered
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Circuit Information

Transformer Information

Transformer 1 Information

If Other, please explain

Transformer 2 Information

If Other, please explain

Short Circuit

Largest Motor

Motor Starting Limitations



Customer Service Recommendation

Customer Name:

SCOPE OF WORK

Revision

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

DLC Internal (When filled-in)