

**Appalachian Electric Cooperative**  
**PO Box 400, New Market, TN 37820**  
**Phone: (865) 475-2032 FAX: (865) 475-0887**

## Load Sheet for Commercial and Industrial Loads

This load sheet is to be completed by all prospective commercial and industrial consumers or their delegates. Appalachian Electric Cooperative will use this data to size electrical facilities and to calculate the Aid-To-Construction cost to be incurred by the consumer associated with their connection to the AEC system.

Name of Consumer:		<b>THIS INFORMATION PROVIDED BY AEC</b>	
Physical Address:			
Mailing Address:		Account No.	
City, State, Zip:		Work Order No.	
SIC Code:		Service Order No.	

Please list the following data concerning new or additional loads.

Main Size:		Amps, continuous		Amp, interrupting <sup>1</sup>
Voltage:	<input type="checkbox"/> 208Y/120	<input type="checkbox"/> 480Y/277	Other: _____ Volts ___ Phase ___ Wire <sup>2</sup>	
Service Requested:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground		
Conduit Information:	Number:		Size:	
Number of Service Conductors per Conduit: _____				
Size of Service Phase Conductors:			Type of Metal(Cu or Al):	
Size of Service Neutral Conductors:			Type of Metal(Cu or Al):	
Type of Mechanical Attachment to Building if Required: _____				
_____ Amps	Heat Pump - Compressor	_____ KW	Miscellaneous	
_____ kW	Heat Pump - Strip Heat	_____ HP	Manufacturing Load	
_____ Ton	Air Conditioning (not Heat Pump)	_____ HP	Largest Motor ( 1Ø or 3Ø )	
_____ kW	Resistance Heat (not Heat Pump)	_____ Max Amp	Electric Welders ( 1Ø or 3Ø )	
_____ HP	Air Handling (not Heat Pump)	_____	Motor Starter Information	
_____ kW	Kitchen	_____ KW	<b>Anticipated Total Max Load</b>	
_____ kW	Lighting Load	_____ KW	Future Load	
_____ kW	Receptacles	_____ / _____	Date of Future Load	

Any equipment requiring special attention? \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Is operation seasonal? If so, how? \_\_\_\_\_

Estimated date service required: \_\_\_\_\_

Form filled out by (name): \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Electrical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_

I certify that the above information accurately conveys the requirements and characteristics of the listed consumer electrical service request.

Signed: _____	Dated: _____
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Copies: 0 Work Order, 1 Director of E&O, 2 Engineering

<sup>1</sup> Maximum available short circuit current is requested.

<sup>2</sup> By approval only

Please return this information sheet to the Engineering Department of  
Appalachian Electric Cooperative at the fax number listed above.