



Electrical Service Information Form

Public Works & Utilities Department
 321 E. 5th Street, Port Angeles, WA 98362
 360.417.4817 | www.cityofpa.us | permits@cityofpa.us

CITY USE ONLY
 App. #: _____
 Received: _____

PROJECT ADDRESS: _____

PROJECT DESCRIPTION: _____

Please review the Port Angeles Municipal Code (Chapters [13.12](#), [14.05](#), and Sections [13.10.040](#) through [13.10.065](#) PAMC) regarding Electrical Code, and Chapter 8 of the [Urban Services Standards & Guidelines](#) (USSG).

APPLICANT INFORMATION

| | | |
|--|-------------------------------|-------------------|
| Permanent service: Name and address of party responsible for permanent electrical service billing? | Name: _____ | |
| | Street: _____ | |
| | City / State / ZIP: _____ | |
| | Daytime Phone: _____ | Alt. Phone: _____ |
| <input type="checkbox"/> Existing electrical service? | Utility account number: _____ | |

CONTACT INFORMATION (if other than above)

| | | |
|---------------|----------------------------|--|
| Site contact: | Name: _____ Title: _____ | |
| | Phone: _____ | |
| Contractor: | Name: _____ Company: _____ | |
| | Phone: _____ | |
| Electrician: | Name: _____ Company: _____ | |
| | Phone: _____ | |
| Excavator: | Name: _____ Company: _____ | |
| | Phone: _____ | |

PROJECT TYPE

| | |
|--|---|
| <input type="checkbox"/> Single-family residence | <input type="checkbox"/> Multi-family residence; # of units ___ |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Subdivision; # of lots ___ |
| <input type="checkbox"/> Overhead service | <input type="checkbox"/> General service |
| <input type="checkbox"/> Underground service | <input type="checkbox"/> Other: _____ |

PROJECT INFORMATION

| | |
|------------------------------|-------|
| Street address / lot number: | _____ |
| Nearest cross street: | _____ |
| Estimated start date: | _____ |

PROJECT DESCRIPTION

Describe the project in your own words:

ELECTRICAL LOAD

| | | | |
|-------------------------------------|---|--------------------------------------|--------------------------------------|
| Total square footage: _____ sq. ft. | | Main disconnect size: _____ amps | |
| Voltage: | <input type="checkbox"/> 120/240 1ph | <input type="checkbox"/> 120/208 3ph | <input type="checkbox"/> 277/480 3ph |
| | <input type="checkbox"/> 120/240 3ph | <input type="checkbox"/> 480 3W 3ph | <input type="checkbox"/> Other _____ |
| Check all that apply: | <input type="checkbox"/> Standard residential loads (Lighting, refrigerator, dishwasher, washer) <input type="checkbox"/> A/C (FLA) <input type="checkbox"/> Range/Oven <input type="checkbox"/> Hot Tub <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Heating <input type="checkbox"/> Pumps (_Hp) <input type="checkbox"/> Water Heater <input type="checkbox"/> Elevator (_Hp) <input type="checkbox"/> Other _____ | | |
| Change in load: | <input type="checkbox"/> Load Increase (kW) _____ <input type="checkbox"/> Load Decrease (kW) _____ | | |

REQUIRED SUPPORTING INFORMATION

Please provide a copy of the following:

- Detailed plot plan (.dwg or .dxf format is mandatory for subdivisions).
- Electrical one-line drawing showing the service entrance panel and location.
- Connected load data.
- Size and locked rotor amps of all motors over 50hp.

Date

Print Name

Signature (Owner Contractor Representative)

SUBMIT COMPLETED FORM TO THE CITY OF PORT ANGELES BY EMAIL TO permits@cityofpa.us

FOR QUESTIONS ABOUT THIS FORM CALL
 ELECTRICAL INSPECTOR: 360-417-4735
 ELECTRICAL ENGINEER: 360-417-4702