



ELECTRIC SERVICE APPLICATION

Date _____

NEW

RELOCATE

Return Instructions: Send your completed applications and site plan to Minnesota Power—New Construction Center, PO Box 1001, Duluth, MN 55806-1001. If faxing, please send to 218-720-2680. If e-mailing, please send to newconstruction@mnpower.com. Any questions can be directed to the New Construction Center at 1-877-535-0394 or 218-720-2644. Minnesota Power web site: www.mnpower.com

Site Information

House or Fire Number _____ Full Street Name _____
 City _____ State _____ Zip Code _____
 If multiple unit building, number of residential units _____ and number of commercial units _____

City	Rural
Subdivision Name _____	County _____
Lot Number _____	Township _____
Block Number _____	Range _____
County _____	Section _____ 1/4 Section _____

Nearest major cross street/road _____

Construction Information

Residential

Owner's full name _____	Additional Name _____
SS# (Optional) _____	SS# (Optional) _____
Employer _____	Employer _____
Current mailing address _____	
City _____	State _____ Zip Code _____
Daytime Phone (____) _____	Cellular Number (____) _____
Fax Number (____) _____	E-mail _____
Home Phone (____) _____	

Are you or have you been a Minnesota Power customer? Yes No
 If yes, previous name and address _____

Are any members of your household on life support equipment that relies on electrical service? Yes No

Building Type: Frame Construction Mobile Home Factory-Built Structure Other (Garage, etc.)

Current Construction Status: No Start Excavated and Backfilled Capped Basement
 Framed Fully Enclosed Finishing

Estimated date electric service is required at site ____ / ____ / ____

Who should be billed for electric usage during construction: Homeowner Contractor

Commercial

Legal Business Name _____
 Type of Business _____ NAICS Code _____
 Current mailing address _____
 City _____ State _____ Zip Code _____

Contact person during construction phase _____
 Daytime Phone (____) _____ Cellular Number (____) _____
 Fax Number (____) _____ E-mail _____

Tax Exempt? Yes No If yes, send copy of ST3 Exemption

Building Type: Combustible (Wood, etc.) Non-combustible (Masonry, Steel, etc.)

Commercial (continued)

Current Construction Status: No Start Excavated and Backfilled Capped Basement
 Framed Fully Enclosed Finishing

Estimated date temporary electric service is required at site: _____ / _____ / _____

Temporary Service Size: 100 Amps 125 Amps 150 Amps 200 Amps
 320 Amps Other: _____

Phase: Single 120/140
 Three Voltage: 120/240 high leg delta 120/240 open delta 120/208Y 277/480Y

Estimated date permanent electric service is required at site: _____ / _____ / _____

Who should be billed for electric usage during construction: Owner Contractor

Contractor Information

General Contractor _____ Electrical Contractor _____
Phone Number () _____ Phone Number () _____
Contact Person _____ Contact Person _____

A&E Firm(s) _____
Phone Number () _____
Contact Person _____

Service Information

Service Size: 100 Amps 125 Amps 150 Amps 200 Amps 320 Amps
 Other: _____

Phase: Single 120/240
 Three Voltage: 120/240 high leg delta 120/240 open delta 120/208Y 277/480Y

Electric Equipment

For residential and commercial use:

Are you planning to take advantage of the following electric heating options?

Dual Fuel option Controlled access option (off peak) Storage water heat only

If yes, what type of electric heating system are you having installed?

Ground source heat pump Slab heat—electric cable Slab heat—electric boiler
 Electric plenum Electric boiler—hot water baseboard Baseboard/wall heaters/cove heaters
 Thermal storage unit heaters Centrally-ducted storage furnace Other: _____

For commercial use only:

Connected load: Power _____ kW Estimated peak demand _____ kW
Lighting _____ kW Estimated future peak demand _____ kW
Total _____ kW

Equipment: Air conditioner _____ tons Hydraulic elevator
 Space heating _____ kW Welder
 Electric water heating _____ kW Industrial furnace
 Other major (specify) _____ kW HVAC

Motors: Largest motor size _____ hp Amps _____ Frequency of starts _____

Authorization

I certify that I own, or am the authorized representative of the owner of the property of the service address(es) indicated in this application, and that I have read and understood the above application and guide booklet. I understand that I will be responsible for all charges associated with the application.

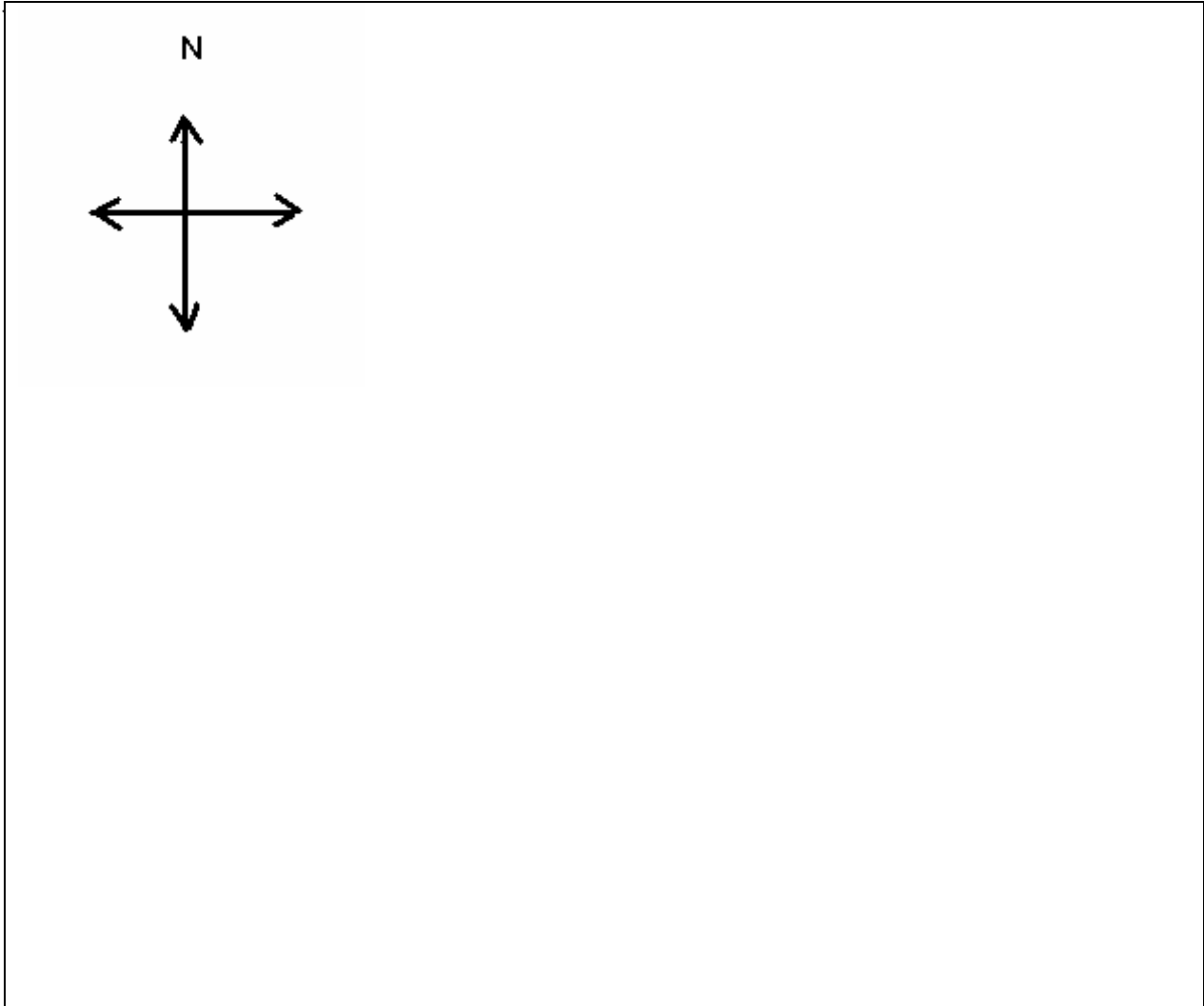
Signature _____ Date _____ / _____ / _____

Printed name _____

Certified Survey Map or Site Plan

Commercial customers must provide a certified survey map or a detailed site plan.

Residential customers, if possible, please provide a certified survey map. If a survey map is not available, please provide a detailed sketch noting all existing and planned facilities, structures, or other potential obstructions to ensure a clear path. Please indicate "north," a neighbor's address, a cross street or road, and the distance the structures to be served are from the center line of the road.



Sketch service entrance and metering arrangements for multiple dwelling units. Minnesota Power requires accurate labeling on meter panel and corresponding distribution panels BEFORE the meters will be installed.

For office use only

Person _____ Map _____ County _____
Account _____ Grid _____ Township _____
Premise _____ Sub _____ Feeder _____ Node _____ Read Cycle _____
Service Point (RS) _____ Receiver/Segment _____ Vicinity _____
Service Point (RD) _____ Township _____ Range _____ Section _____
Service Point (RC) _____ Work Order Number _____
Turn-On Number _____

Metering Required: Demand _____ Connected Load (kW) _____
Demand _____ Estimated Non-Coincident Peak (kW) _____
RKVAH _____

Rate Schedule: _____ For Temporary Service
_____ Upon Completion

Distribution Engineering Staff assigned _____
Estimated Connection Cost \$ _____
GAR Required: Yes No

Transformer/Meter and Service \$ _____
Net Cost \$ _____

Comments: