



Electrical Information Form

Public Works & Utilities Department (360) 417-4700

City Electrical Inspector (360) 417-4735

Please complete and return to Public Works & Utilities Department

Electrical permit #: _____

Applicant Information	
Permanent service: Name and address of party responsible for permanent service billing?	Name: _____ Street: _____ City / State / ZIP: _____ Daytime Phone: _____ Home Phone: _____
Contact Information (if other than above)	
Site contact:	Name: _____ Title: _____ Daytime Phone: _____
Contractor:	Name: _____ Company: _____ Daytime Phone: _____
Electrician:	Name: _____ Company: _____ Daytime Phone: _____
Excavator:	Name: _____ Company: _____ Daytime Phone: _____
Project Type	
<input type="checkbox"/> Existing <input type="checkbox"/> New <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	
Description of work: _____	
Street address / lot number:	_____
Nearest cross street:	_____
Desired connection date:	_____
Electrical transformer serving property is: <input type="checkbox"/> on a pole <input type="checkbox"/> on the ground	
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 (___ ton) <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"/> No Load Change <input type="checkbox"/> Water Heater <input type="checkbox"/> Elevator (___ Hp) <input type="checkbox"/> Other _____
Supporting Documentation	
Please provide a copy of the following:	
*Detailed plot plan (.dwg or .dxf format 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.	
Applicant's Signature: _____	Date: _____

MAIL OR DELIVER COMPLETED FORM TO: 321 E 5TH STREET; PORT ANGELES, WA 98362
 FAX TO: 360-417-4711

WS _____
 WF _____

Information form.xls