

# MINDEN POWER & LIGHT

## Load Calculation Sheet

Provide separate sheet for each metered service

Project Name \_\_\_\_\_

Service Address \_\_\_\_\_  
Street City State Zip

Owner \_\_\_\_\_ Phone \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street City State Zip

Contr./Dev. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Arch/Eng \_\_\_\_\_ Phone \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_

On Site Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Type of Building & Use: \_\_\_\_\_

Size: \_\_\_\_\_ Total Sq. Ft. # Floors: \_\_\_\_\_

Secondary voltage: \_\_\_\_\_ V: \_\_\_\_\_ Phase: \_\_\_\_\_ Wire \_\_\_\_\_

**Services over 200 amps will be CT metered at the pole/transformer. For transformer locations, confer with Power Co.**

Type Service Desired:  Underground  Overhead Number of metered services \_\_\_\_\_ of \_\_\_\_\_

Secondary Conductor Size: \_\_\_\_\_ Neutral Size: \_\_\_\_\_ Number of Runs: \_\_\_\_\_

	ELECTRICAL LOAD IN KW		PANEL SIZES (AMPS)	
	1 PHASE	3 PHASE	1PHASE	3PHASE
Lighting	_____	_____	_____	_____
Heating	_____	_____	_____	_____
Cooling	_____	_____	_____	_____
Elevators (see detail below)	_____	_____	_____	_____
Other Motors (see detail below)	_____	_____	_____	_____
Water Heating	_____	_____	_____	_____
Cooking	_____	_____	_____	_____
Miscellaneous	_____	_____	_____	_____
Existing Load	_____	_____	_____	_____
Total Conn Load	_____	_____	_____	_____
Est. Total Demand	_____	_____	Main Panel Size _____	_____ amps

Operating Hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_

Motors: Indicate 1 or 3 Phase and NEMA Code if over 7 1/2 HP Elevator: \_\_\_\_\_ Number \_\_\_\_\_ HP \_\_\_\_\_

Phase NEMA CODE \_\_\_\_\_

Other: Number \_\_\_\_\_ HP \_\_\_\_\_ Phase \_\_\_\_\_ NEMA CODE \_\_\_\_\_

Other: Number \_\_\_\_\_ HP \_\_\_\_\_ Phase \_\_\_\_\_ NEMA CODE \_\_\_\_\_

Other: Number \_\_\_\_\_ HP \_\_\_\_\_ Phase \_\_\_\_\_ NEMA CODE \_\_\_\_\_

Will existing power facilities require relocation? (mark on site plan)  Yes  No

Describe \_\_\_\_\_

Will street lights be required?  Yes  No Billing Agency \_\_\_\_\_

Construction start date: \_\_\_\_\_ Date Permanent Service Required: \_\_\_\_\_

Date Temporary Service Required: \_\_\_\_\_

I affirm that the above information is correct to the best of my knowledge and that I have provided construction documents as required. I understand that any changes I make in the above information or attached drawings will increase the time required for the utility company to provide service to my project and that I might be liable for additional engineering and construction costs.

\_\_\_\_\_  
Signature