ELECTRIC SYSTEMS LOAD DATA SHEET

RETURN TO: ROBERT WEAVER, P.O. BOX 207, SHELBY, NC 28151 OR FAX: 704-484-6808 Email: robert.weaver@cityofshelby.com

***Required fields**

Contact Information:

Case Number: _____ * Date: _____

* Information provided by: _____ * Phone: _____

Name of Owner: _____ * Phone: _____

* Business Name: _____ * Phone: _____

* Service Address: _____

* Contractor Name: _____ * Phone: _____

* Proposed Start Date: _____

---

* Type of Service Requested: (CHECK ALL THAT APPLY TO THE PROJECT.)

☐ Temporary ☐ Underground ☐ Overhead ☐ New Construction ☐ Relocation ☐ No Service

Voltage Requirements: (Volts) _____ Phase _____ Wires _____

Size of service in AMPS: _____ Wire Size _____ Number _____

Gross square footage: _____

Lightning Loads: (interior) _____ KW (exterior) _____ KW

Receptacle Load: _____ KW _____

Water Heater: _____ KW Tank Size _____ Gallons

Refrigeration: _____ KW Cooking _____ KW

Heat Pump: _____ Ton _____ KW A/C: _____ Ton _____ KW

Strip Heat: _____ KW Gas Heat (Yes or No) Air Handler _____ KW

---

* Equipment and Motors:

Welders: _____ Volts _____ AMPS

Largest motor across line: _____ HP

Largest motor w/compensation _____ HP

Type if starting compensation _____

All motors over 5HP may be required to have starting compensation.

How many motors start across line at the same time: _____

Motors:

Quantity	HP	Volts	AMPS	Usage

* Information provided by: _____ * Date: _____