

## **INSTRUCTIONS FOR PREPARING APPLICATIONS FOR ELECTRIC SERVICE & METER**

Please refer to the sample application while reviewing the following notes. The letters below correspond with those on the sample. **NOTE:** THE “BLANK” FORM IS **BELOW** THE “SAMPLE” FORM

- A. After reading the instructions at the top of the application, locate the PECO regional office in which the service is requested. Check the appropriate box and mail or fax the completed application to the appropriate regional office. **Note the change in contact information for New Residential Construction, effective May, 2010.**
- B. Complete the fields for customer’s name and service location. Customer’s Driver’s License Number or Social Security Number is now required.
- Note: (\*) Include PECO Energy pole # and/or Lot # only if applicable.
- (\*\*) Use the address of the service when applying for underwriter’s inspection.
- C. Complete the fields for customer’s PECO billing address or account number (within last 60 days).
- D. Complete fields regarding you as the electrician or contractor, and indicate where you would like the reply sent. The Electrician/Builder Tax Identification number is now required. Also, please include the date you would like the reply returned to you.
- E. Indicate your current construction status, and include the date PECO service is requested. Please avoid using “as soon as possible”.
- F. thru J. Indicate the following:
- Type of Request
- NOTE: As of May 2010, this form is now required for “make-safe” and “demolition” requests. These options have been added to the form.**
- Type of Service (include number of units and area per unit)
  - Service Characteristics
  - Meter Information
  - Heating/Air Conditioning
- K. Complete the table concerning the load characteristics of the service. For each applicable type of load, provide: 1) Connected KW, 2) Maximum Summer KW Demand, and 3) Maximum Winter KW Demand.
- L. Complete the table concerning motor information.
- M. If compensated metering will be used, indicate totalizer and general load (KW).
- N. Include any additional comments.
- O. Application **MUST** be signed and dated.



# PECO

## Application for Electric Service & Meter

M-24175 (front) Rev. 5/10

**INSTRUCTIONS:**

Please complete the **front** page of this request and return to the PECO Regional Office (**listed below**) in the area service is required. Incomplete information may result in a delay in processing.

All work must comply with PECO Electric Service Requirements manual and be inspected by an approved inspection agency. (City of Philadelphia requests may be shared with Licenses & Inspections). Not all service voltages are available in all areas. **Before purchasing electrical equipment or proceeding with any wiring**, information regarding service availability and meter location should be obtained from the company.

A credit application and agreement must be completed **if the customer has not had PECO service within the last 60 days**. The company reserves the right to **cancel** this request if no further communication is received from the customer **within 90 days** of PECO's response date.

**NEW BUSINESS SERVICES (1-800-454-4100) <http://www.peco.com>**

**PHILADELPHIA COUNTY**  
830 S. Schuylkill Ave.  
Phila, PA 19146-2395  
(215) 731-2340  
Fax # (215) 731-2327

**DELAWARE & CHESTER COUNTIES**  
1050 W. Swedesford Rd.  
Berwyn, PA 19312  
(610) 725-7160  
Fax # (610) 725-1416

**BUCKS & MONTGOMERY COUNTIES**  
400 Park Ave.  
Warminster, PA, 18974  
(215) 956-3270  
Fax # (215) 956-3240

\*\* Lower Merion is served by DelChester Region

**NEW RESIDENTIAL CONSTRUCTION**  
(All Counties)  
400 Park Ave.  
Warminster, PA 18974  
(215) 956-3010  
Fax # (215) 956-3380

CUSTOMER NAME		Tax ID # or SSN or Driver's License No.		TYPE OF REQUEST																																	
**ADDRESS TO BE SERVED		APARTMENT / LOT #		<input type="checkbox"/> New Service <input type="checkbox"/> Load Increase / Decrease <input type="checkbox"/> Reintroduction of Service																																	
POST OFFICE		ZIP CODE		<input type="checkbox"/> Temporary Service <input type="checkbox"/> Upgrade / Changes <input type="checkbox"/> Demolition (Remove Service)																																	
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* If Applicable ** Please use this address when applying for underwriter's inspection		TOWNSHIP/MUNICIPALITY/WARD #		TYPE OF SERVICE: Please include site plan.																																	
CUSTOMER'S BILLING ADDRESS		PECO ENERGY ACCOUNT #		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL																																	
POST OFFICE		ZIP CODE		<input type="checkbox"/> Single House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Store <input type="checkbox"/> Office																																	
TELE. #		FAX #		<input type="checkbox"/> Apartment <input type="checkbox"/> Modular Home <input type="checkbox"/> Industrial <input type="checkbox"/> Warehouse																																	
SEND REPLY TO:		TELE. #		<input type="checkbox"/> Duplex <input type="checkbox"/> Town House <input type="checkbox"/> Restaurant <input type="checkbox"/> Other																																	
ELECTRICIAN'S OR BUILDER'S NAME		FAX #		Area of Building _____ Sq. Ft.																																	
ADDRESS		Reply Requested by: _____		SERVICE CHARACTERISTICS:																																	
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SERVICE CHARACTERISTICS – Select One from Each  SERVICE TYPE  <input type="checkbox"/> Aerial <input type="checkbox"/> Underground <input type="checkbox"/> URD  RATE:  <input type="checkbox"/> Residential <input type="checkbox"/> Comm (Non-Demand) <input type="checkbox"/> Comm (Demand) <input type="checkbox"/> HT/PD  GENERATION PROCUREMENT CLASS:  <input type="checkbox"/> Class 1 (Residential) <input type="checkbox"/> Class 2 (Commerical, less than 100kW)  <input type="checkbox"/> Class 3 (Commercial, 100kW to 500kW) <input type="checkbox"/> Class 4 (Commerical, greater than 500kW)  NOTE: The customer's initial Procurement Class will be determined by PECO,								POLE # / MH # LOCATION						CUT THROUGH DATE			
SERVICE REQUIREMNTS: <input type="checkbox"/> Present Service OK <input type="checkbox"/> Loop Only  <input type="checkbox"/> Taps Only <input type="checkbox"/> See Job # _____								METERING LOCATION AND REQUIREMENTS: <input type="checkbox"/> Present Location:    Meter # _____ <input type="checkbox"/> CTs - _____ <input type="checkbox"/> PTs - _____  <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> On _____ Wall, _____ Ft. From _____ Wall, _____ ft. Above Ground									
ADVANCE NOTIFICATIONS:  Underwriter's Cert. Required <input type="checkbox"/> Yes <input type="checkbox"/> No  Customer to Trench <input type="checkbox"/> Yes <input type="checkbox"/> No  Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> State <input type="checkbox"/> Other _____  ACT 222 Cert. Required <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No <input type="checkbox"/> N/A  PA One Call # _____  <input type="checkbox"/> Gas <input type="checkbox"/> BTCO <input type="checkbox"/> CATV <input type="checkbox"/> Other _____                      Date _____										CUSTOMER BILLING:  Advance Billing Required <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No  Charges:                      MST                      MCT  Cust. # _____                      Date _____  BTCO # _____                      Date _____  CATV # _____                      Date _____  Other _____                      Date _____							

SKETCH / INSTRUCTIONS

SAMPLE

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POST OFFICE		ZIP CODE	
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CUSTOMER'S BILLING ADDRESS		PECO ENERGY ACCOUNT #	
-OR-			
POST OFFICE	ZIP CODE	TELE. #	
SEND REPLY TO:			
ELECTRICIAN'S OR BUILDER'S NAME			
ADDRESS		Reply Requested by: / /	
POST OFFICE		ZIP CODE	
TELE. #		FAX #	
CURRENT CONSTRUCTION STATUS: <input type="checkbox"/> Not Started - Date Customer Will Start Work: ____/____/____ <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			
Approximate Date Service Requested: ____/____/____			
CUSTOMER COMMENTS / DESCRIPTION OF WORK:  <hr/> <hr/> <hr/> <hr/>			
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**INFORMATION BELOW WILL BE FILLED IN BY PECO:**

Service Request No.

BUS/MAJ ACCT REP		TELEPHONE	DATE RECEIVED	DESIGNER		TELEPHONE	DATE RECEIVED
POL SUB	RATE	RIDER	CONTRACT LIMITS		SIC NUMBER	T NUMBER	DATE REPLY COMPLETED
AMPS	WIRES	VOLTAGE	PHASE	CIRCUIT		C-QUAD	T-QUAD
						LOAD (KVA) SUMMER _____ WINTER _____	

**SERVICE CHARACTERISTICS – Select One from Each****SERVICE TYPE**
☐ Aerial      ☐ Underground      ☐ URD
**RATE:**
☐ Residential   ☐ Comm (Non-Demand)   ☐ Comm (Demand)   ☐ HT/PD
**GENERATION PROCUREMENT CLASS:**
☐ Class 1 (Residential)      ☐ Class 2 (Commerical, less than 100kW)  
☐ Class 3 (Commercial, 100kW to 500kW)   ☐ Class 4 (Commerical, greater than 500kW)

**NOTE: The customer's initial Procurement Class will be determined by PECO, based on peak load estimates for the first year of service. The customer's Procurement Class will be adjusted each year, based on actual usage.**

**METER TYPE:**
☐ KWH   ☐ IND. DEMAND   ☐ RECORDER   ☐ TOU
**SERVICE PHASING:**
☐ SINGLE PHASE   ☐ TWO PHASE   ☐ THREE PHASE
**POLE # / MH # LOCATION****CUT THROUGH DATE****SERVICE REQUIREMENTS:**☐ Present Service OK☐ Loop Only☐ Taps Only☐ See Job # \_\_\_\_\_**METERING LOCATION AND REQUIREMENTS:**☐ Present Location: Meter # \_\_\_\_\_ ☐ CTs - \_\_\_\_\_ ☐ PTs - \_\_\_\_\_☐ Indoor   ☐ Outdoor   ☐ On \_\_\_\_\_ Wall, \_\_\_\_\_ Ft. From \_\_\_\_\_ Wall, \_\_\_\_\_ ft. Above Ground**ADVANCE NOTIFICATIONS:**

Underwriter's Cert. Required

☐ Yes      ☐ No

Customer to Trench

☐ Yes      ☐ No

Permit Required

☐ Yes      ☐ No      ☐ State      ☐ Other \_\_\_\_\_

ACT 222 Cert. Required

☐ Yes # \_\_\_\_\_ ☐ No      ☐ N/A

PA One Call # \_\_\_\_\_

Date \_\_\_\_\_

☐ Gas      ☐ BTCO      ☐ CATV      ☐ Other \_\_\_\_\_

Date \_\_\_\_\_

**CUSTOMER BILLING:**

Advance Billing Required

☐ Yes \$ \_\_\_\_\_ ☐ No

Customer Charges: \$ \_\_\_\_\_

Cust. # \_\_\_\_\_ Date \_\_\_\_\_

BTCO # \_\_\_\_\_ Date \_\_\_\_\_

CATV # \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_

**SKETCH / INSTRUCTIONS**