



Application for Electric Service

SITE ADDRESS _____

Lot _____ Block _____ Subdivision _____

Property Owners Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor _____ State License # _____

Contact _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

Electrical Contractor _____ State License # _____

Contact _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

SERVICE INFORMATION

Work type: New Repair Remodel/Alt Disconnect Temporary

Location: (check one) Overhead Underground Overhead to Underground

Description of work to be performed:

Approximate Date Service Required: _____

Electrical System Access Fee *check all that apply*

- Residential single family \$200 Residential multi-family first unit \$500
- Residential-multi-family each additional unit \$100 Number of units: _____
- Commercial-50 KVA or less \$700 Commercial-Greater than 50 KVA \$1,400
- Industrial-small* \$1,000 Industrial-large \$2,700

Industrial Note: All industrial accounts are responsible for the installed cost of their distribution transformer. All distribution transformer and equipment connected to the distribution system shall be approved for use by Lake City electric utilities. Lake City electric utilities are responsible for furnishing and maintaining all metering equipment, except for the meter socket. Industrial accounts served electric power though the unbundled rate shall also be responsible for the cost of the primary backbone distribution facilities serving tem.

An excess per foot charge shall apply beyond the normal point of delivery. An excess charge of \$4 per foot for single-phase (primary or secondary) from normal point of delivery. An excess charge of \$8 per foot for three-phase (primary or secondary) from normal point of delivery.

Connection Fee

Before installing a NEW meter, a customer shall pay the connection fee. Fee is based on the size of service in amps. The size of the service will be determined from a copy of the state electrical inspection form. The developer or property owner shall be required to furnish easements as required to install and maintain the electrical distribution equipment.

Service Size and Connection Fee: (check one) A charge of \$1 per amp will be made.

- 150 amps \$150 200 amps \$200 400 amps \$400
- 800 amps \$800 1200 amps \$1,200 2000 amps \$2,000 Other _____

Note: Lake City Utilities should be advised of planning installations as early as possible so that details for furnishing service may be arranged and construction completed by the desired date.

I hereby apply for a permit to perform work on the public electric connection under the property listed above, to be connected with the above described system(s) and in accordance with the plans deposited this day with the City of Lake City. If the above application is granted, I agree to construct said work of material in a manner satisfactory to the Electric Superintendent, and in accordance with the ordinances of the municipality. I also agree to notify the Electric Superintendent before any connection is made with the public electric system. Until inspection is made, work will remain open to inspection, and at such other times during the progress of construction as may be required by the Electric Superintendent. The undersigned acknowledges that the above information is correct and that all work is done in compliance with the Lake City Utilities Rules and Regulations **.

Contractor or Authorized Signature: _____ Date: _____

** Lake City's Rules and Regulations are available upon request from Public Works or online at www.ci.lake-city.mn.us

The above described work has been examined by the undersigned and found satisfactory, both as to materials and mode of construction and permission is hereby granted to connect the same with the public electric system(s) at the following point:

Neil Postians, Electric Superintendent (651) 380-9105 Date

Comments: _____

Fees

Access Fee(s): _____ Total Fee: _____

Connection Fee: _____ Date Paid: _____

Temporary Electrical Fee: _____ Receipt: _____