Electricity – Connected load

Energy at work FORTIS BC

Instructions

1) Form is to be completed in full
2) Form is required for all commercial services, and all three phase services. Residential services greater than 200A may require a Form.
3) Use one Connected load form for each Electrical Room

Contact information

Contact name (owner/customer)	Phone number	OID/Reference number

Company/organization profile	Date service required by (Yr/Mth/Day)
Electrical contractor name	**Electrical contractor phone number**
Project name and description including proposed building use	**Project civic address (include nearest town if location is rural)**

Electrical details

Service panel rating	Voltage
Amperage: ☐ 80% ☐ 100%	☐ 120/240 V (1PH) ☐ 120/208 V (3PH) ☐ 347/600 V (3PH)
Building heat	**Type of service (check all that apply)**
☐ Electric ☐ Gas ☐ Other: _____	☐ Continuous ☐ Residential ☐ Commercial ☐ Industrial

Load details

Electric heat (kW)	Lighting (kW)	Motor load (kW)	Electric vehicle charger (kW)

Other load (specify type) (kW)	Calculated max demand (kW)

Residential load (kW) = Commercial load (kW) = Largest electric motor size (kW) =

Metering information

CT type	Transformer connection
☐ Inside ☐ Pad ☐ None	☐ Underground ☐ Overhead

Conductor size from transformer to disconnect or meter	Number of cable runs	Number of commercial meters	Number of residential meters
☐ CU _____ (Material) ☐ Al _____ (Size)			

Additional comments

Please Email the completed form to the project's FortisBC Design Technician
For additional questions, please contact us at 1-866-436-7847

Please note that incomplete information can lead to both project delays and added costs.
If a line extension is required, please submit:

- Site plan (showing electrical room location)
- Electrical drawings (metering, etc.)
- Civil plans (water, sewer & storm)
- Legal plans (plan & lot number)

*For SLD: If meter is self-contained, please include number of jaws. If instrument meter, please include peak power (kW).

Submitted by (company): _____

Submitted by (name): _____

Phone number: _____ Signature: _____