Section 1 – To Be Completed by Customer (Please provide all known information)		
Customer		
Customer Full Legal Name:	Phone:	
Civic Address:	Email:	
	Postal Code:	
Service Address: Same as above ☐ Other:	City/Township: Innisfil ☐ Barrie ☐	
Contractor/Consultant		
Name:	Phone:	
Address:	Email:	
Type of Requested Service		
Residential (Development) ☐ Industrial ☐ Commercial ☐ Institutional ☐ Employment Block ☐ Hospital ☐ School ☐ Farm ☐ Farm with residents ☐ Warehouse ☐ Manufacturing ☐ Retail ☐ Other ☐		
New service ☐	Upgrade existing service ☐	
Change to panel size or type ☐	Change to service location (meter and meter base) ☐	
Change to pole, conduit, or cable ☐	Change in service type (single-phase to three-phase) ☐	
Brief Description of request:		
New Service		
Requested Service Voltage (Customer Supply): 1-Phase ☐ 3-Phase ☐ 120/240V ☐ 120/208V ☐ 347/600V ☐ Primary ☐		
Requested Service Size: 100A ☐ 200A ☐ 400A ☐ Other ☐ *Single line diagram required for service size 400A and above		
Type of Connection: Overhead ☐ Underground ☐	Type of Transformer: Pole mount ☐ Pad mount ☐	
Requested Peak Demand (kW):	Desired Connection Date:	
EV Charger Provision: No ☐ Yes ☐ if Yes please specify: Level 1 ☐ Qty.: Level 2 ☐ Qty.: Level 3 ☐ Qty.:		
Heat Pump Provision: Unit Power (kW): Quantity:		
Additional Information		
Is the building foundation in? No☐ Yes☐	Is there hydro at the lot line? No☐ Yes☐	
Electric water heating: No☐ Yes☐ Power:	Pool or hot tub: No☐ Yes☐ Power:	
DERs (Solar, batteries, …): No☐ Yes☐ Details:	Central air conditioning: No☐ Yes☐ Power:	
Central metering required: No☐ Yes☐	Temporary service required: No☐ Yes☐ Power:	
Number of units: 1☐ Multiple☐ ……. 30A ……. 60A ……. 100A ……. 200A or Greater …….		
Additional Comments:		
Existing Service (Fill out this portion if applying for an upgrade)		
Hydro Account:	Heating source:	If Electric, Rated Power:
Existing Service Voltage (Customer Supply): 1-Phase ☐ 3-Phase ☐ 120/240V ☐ 120/208V ☐ 347/600V ☐ Primary ☐		
Existing Service Size: 100A ☐ 200A ☐ 400A ☐ Other ☐		
Existing Peak Load (kW):	Overhead ☐ Underground ☐	
Additional Information:		

Loading Profile													
		Jan	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*
Existing Peak Load (kW)													
New Demand Peak (kW)	1st Year												
	2nd Year												
	3rd Year												
	4th Year												
	5th Year												

*__Loading Profile__ must be provided for the __Existing Service__ and the __Total Service__ after upgrade __(Existing Service + New Service)__

Section 2 – To Be Completed by Customer

Working Hours (For ICI customers)

Number of Shifts in your Operation: Single Shift ☐ Two Shifts ☐ Three Shifts ☐

Expected Start Time: Expected Stop Time:

Working on Weekends: Yes ☐ No ☐ Working on Holidays: Yes ☐ No ☐

Motor information (New and Existing Motors)

Cumulative Size of 1 Phase Motors (stating at the same time) greater than 7.5kW:

Cumulative Size of 3 Phase Motors (stating at the same time) greater than 18.5kW:

Largest Motor

Largest Motor Size (hp/kW):	Type of Motor (Ex. Synchronous, Induction):

Start Assistance: No☐ Yes☐ if yes, please specify: Soft Starter☐ Variable Frequency Drive (VFD)☐ Other:

Multiple Motors:

Do multiple motors start at the same time: No ☐ Yes ☐	
If yes, please provide the following information regarding each motor	Individual Sizes (Ex. 2x50hp + 1x20hp=120hp)
	Type of Motors (Ex. Synchronous, Induction)
	Start Assistance: ☐ No ☐ Yes, please specify the type

Motor with the Greatest Inrush (i.e. Largest Motor or Cumulative Combination of Motors that start at the same time)

Motor's Rated Voltage:	Max Inrush (kVA):
Full Load Current (Amps):	Number of Starts per day:
Starting Current (Amps):	NEMA Code (ex. NEMA 'G'):

Welding Machines (For Industrial customers)

kVA Rating:	Number of Welders Operated Simultaneously:
Rated Welder Primary:	Frequency of Operations of Each Machine (weld/min):
Maximum Primary Current (Amps):	Duration of Welds for Each Machine:
Power Factor:	Details:

System Study and Characteristics

Protection study included: Yes ☐ No ☐	Arc-Flash Hazard Analysis (only if underground): Yes ☐ No ☐
Active power consumption:	Reactive power consumption:
Electrical Room (Switchgear room) considered: Yes☐ No☐	Switchgear Type:

Number and Capacity of Transformers:

Number, type and power consumption of Street lights:

Temporary Services required: Yes ☐ No ☐ Max. demand (kW): Duration: Starting date:

More Information:

Section 3 – To Be Completed by the Subdivision Group							
Development information							
Subdivision Name:							
Total Development Area (m²):				Total Commercial Area (m²):			
First phase energization date:							
Additional Information:							
Housing Development Expansion							
Developer requests a connection horizon >5 years Yes ☐ No ☐							
5-year connection horizon ☐ 10-year connection horizon ☐ 15-year connection horizon ☐							
Housing development completion exceeds 5 years Yes ☐ No ☐							
If yes, a subdivision plan and proof of ownership/authorization shall be provided.							
Number of Units and Demand Assumption							
Type of units		Single-Detached	Semi	Row	Apartment	Commercial	Institutional
Total Number of Units							
Connection Horizon		Number of Units to be Energized Each year (or area in square mete for ICI loads)					
Energization Date	Year 1:						
	Year 2:						
	Year 3:						
	Year 4:						
	Year 5:						
	Year 6:						
	Year 7:						
	Year 8:						
	Year 9:						
	Year 10:						
	Year 11:						
	Year 12:						
	Year 13:						
	Year 14:						
	Year 15:						
Basic Load Demand		Estimated Power Consumption for Each Type of Units					
Monthly Average	Summer (kWH)						
	Winter (kWH)						
Peak Consumption	Summer (kW)						
	Winter (kW)						

Distribution Infrastructure			
Capital Costs	OH Primary\Secondary -Poles	$	Remarks:
	- Wire \ Hardware	$	
	UG Primary\Secondary - Conduit	$	
	- Wire \ Hardware	$	
	Transformers	$	
	Services	$	
	LDC Non-Contestable Costs	$	
	Additional costs not included above	$	
	Total	$	
	Street Lighting	$	

Section 4 – To Be Completed by Customer

Sketch and Direction to Property

Is the property accessible by road: No☐ Yes☐

Plan of LOT	
*Site plan required for service size 400 Amps and above.	GPS coordinate (if available):
*Building Location required (Must be Staked on property).	Filter Bed/ Driveway:
Preferred Service and Meter locations - On Driveway side (within 10” of Front Corner):	
Property Boundaries and Measurements:	

Section 5 – To Be Completed by InnPower Stations & Planning			
Planning			
Does DS have the sufficient capacity? Yes ☐ No ☐ Comments:			
Preferred DS/Feeder to supply the demand:	DS:	Feeder:	Upstream Switch:
Alternative DS/Feeder if possible	DS:	Feeder:	Upstream Switch:
Over Head or Under ground Expansion required? Yes ☐ No ☐ Comments:			
Alternative solution in case of insufficient capacity: DS Upgrade ☐ Line expansion ☐ Other:			
Additional information:			
Estimated Class C cost:			
Economical Evaluation required? Yes ☐ No ☐ Comments:			
Is this additional load can be accommodated? Yes ☐ No ☐ Comments:			
Planning section completed by: Date:			
Protection and Relay Coordination			
Short-Circuit analysis provided? Yes ☐ No ☐ Comments:			
Protective Devices Coordination provided? Yes ☐ No ☐ Comments:			
Arc-Flash Hazard Analysis provided? Yes ☐ No ☐ Comments:			
Switchgear information provided? Yes ☐ No ☐ Comments:			
Customer Primary Fuse checked?			
Coordination with upstream feeder checked?			
Power factor calculation checked?			
Additional information:			
Protection section completed by: Date:			
Section 6 – To Be Completed by InnPower Distribution Operation			
Conceptual Design Provided? Yes ☐ No ☐ Comments:			
Subdivision maps available Yes ☐ No ☐ Comments:			
Energization requirements provided? Yes ☐ No ☐ Comments:			
Site Visit required? Yes ☐ No ☐ Comments:			
Additional information:			
Operation section completed by: Date:			

Section 7 – To Be Completed by Engineering			
Work order Number:	Existing Customer Account #s:		Rate Class:
Scope of work:			
Primary Supply Voltage:	Transformer Ownership: Customer Owned ☐ InnPower Owned ☐		
Existing transformer #s size (kVA):			
Proposed transformer #s size (kVA):			
Transformer Type: Pad-mount ☐ Overhead ☐	Phase (R, W, B or 3 Ph):	Private Primary Line to Connect ☐	
Line Expansion Required: Yes ☐ No ☐ If yes, meters	Crossing Permit required: Yes ☐ No ☐ Type: Rail ☐ Water ☐ Pipe ☐ Highway ☐	Temporary Pole Service Required: Yes☐ No ☐	
Are there any adjoining subdivision maps available: Yes ☐ No ☐ Details:			
Estimated Class C cost for Expansion/ Crossing/ Temporary service:			

Transformer & Primary Fuse (for customers with private distribution station)	
Transformer Ratio:	Transformer Power (KVA):
Primary Fuse (Manufacturer, Size, Type):	
Additional Information:	

To be completed by the Engineering technician for Expansions 1 Kilometer or Greater and all Subdivisions:
Provide GPS coordinates at proposed Subdivision. Each Subdivision Entrance. Nearest Corner of Subdivision Boundary.
(GPS coordinates are to be latitude and longitude to 3 decimals or greater.)

Location of Entrance	Nearest Suitable pole to each entrance (Pol ID)	GPS Latitude and Longitude

Section 8 – Final Review and Approval	
Manager name:	Date: