Frank Cattani, Trustee
Jim Manning, Trustee
Jan Martin, Trustee
Dan Nelson, Trustee
Andy Ruggerio, Trustee
Mike Urbanowski, Trustee



121 N. Main Ave., Ladd IL 61329 (815) 894-2440 E info@villageofladd.com W www.villageofladd.com Mike Grivetti, Village President Diane Chandler, Village Clerk Rhonda Bezely, Village Treasurer Doug Englehaupt, Superintendent Bill Gaefcke, Police Chief Patrick Barry, Village Attorney

## APPLICATION FOR ELECTRIC SERVICE - RESIDENTIAL

2.	Name, Address and Phone Number of Electrical Contractor:				
3.	Address of Building:				
4.	Block Number: Lot Number: Subdivision:				
5.	Type of Building: Residential Single: Duplex: Multi Family:				
6.	Show detailed floor plan on an attached building site plan. Please note this will be used to show acceptable location of meter socket. The electric department must approve any deviation from this location.				
7.	Type of service desired between property line and transformer/service entrance:				
	overhead underground				
8.	Electric heat: yes no				
9.	Requested voltage and phase: 10. Service amperage: amps				
11.	. Additional information:				
	submitting this form, the undersigned agrees to abide by and accept the applicable rules, policies and regulations of a Ladd Municipal Utility.				
Da	ata submitted by:				
Siç	gnature Date				
	ote: This form is to be submitted with each Building Permit and/or requested change in service and must be approved by Electric Superintendent before a building permit is issued.				
Ар	proved by: Date				
	Electric Department Personnel Date				

## **TECHNICAL INFORMATION**

NOTE: The Electrical Contractor or Engineer should complete this section.					
Requested voltage at main service entrance:					
voltage phase +0 neutral					
voltage phase to phase					
Number of electric meters desired:					
Type of service entrance requested:					
Single phase Three Phase/Three Wire Three Phase/Four Wire Other (specify)					
Service amperage at rated voltage (per phase): amps					
Please note that the loading schedule for proposed building shall accompany this application. Loading schedule shall inventory all anticipated loads and shall give the expected diversity factor of all loads.					
Please indicate which items may be used at this location and which may require special facilities:					
Electric Heat Electric Welders Computer System Other (specify)					
Please provide the connected load:					
Type of service required: Overhead Underground					
Do you require a service with special provisions for regulating voltage? Yes No					
Explain:					
Please submit a site plan with desired location of transformer or electric service station (ESS) clearly indicated and a detailed drawing of CT cabinet, if applicable.					

NOTE: This form is to be submitted, fully completed, with each Building Permit Application and must be approved by the Electric Superintendent before a Building Permit is issued.

## SERVICE CONNECTION AUTHORIZATION FORM

Date:	7 d		
			_
			<del>-</del>
We have received an ap	oplication to furnish electric service to	your building located at:	
Village policy requires y	ou to pay an Electric Connection Fee	to service your building	
	installation by the Village will be:		
Please sign the authoriz so we may begin to plan	ration statement below and return it to n for your service.	o the Village of Ladd Electric De	epartment as soon as possible
Signed:	ment Personnel	_	
	inent Personnei		ate
Being the owner or duly	authorized corporate officer or agent	of the company owning the abo	ove described
premises, I/We agree to	pay a service connection fee of \$		
Mailing address:			_
			_
			_
Signature:	-		
Date:			