



An Exelon Company

# APPLICATION FOR ELECTRIC & GAS SERVICE

To expedite your service request, please fill out the application online at: <https://webapps.delmarva.com/newservices>

To help avoid delays in processing your application, you **must** also submit a site plan or sketch showing all facilities and obstructions. Incomplete information on the paper application may result in a delay in processing your request for service.

The company reserves the right to cancel this request if no further communication is received from the customer **within 90 days** of Delmarva Power response date.

APPLICANT INFORMATION	ADDRESS OF PROPERTY TO BE SERVED
Name _____	Project Name (if applicable) _____
Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Electrician <input type="checkbox"/> Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other <input type="checkbox"/>	Street Address _____
Mailing Address _____	Apt. No. _____ City _____
City _____ State _____ Zip _____	State _____ Zip _____ Lot and Block No. _____
Phone _____ Alt. Phone _____	Owner's Name _____
Fax _____ Email _____	Existing Account No. _____

TYPE OF REQUEST	BILLING ADDRESS
New Service <input type="checkbox"/> Temporary <input type="checkbox"/> Lighting <input type="checkbox"/> Facility Relocation <input type="checkbox"/>	Name _____
Upgrade/Heavy-Up <input type="checkbox"/> Electric Vehicle <input type="checkbox"/>	Street Address _____
Other <input type="checkbox"/> _____	Apt No _____
Proposed In-Service Date: ____ / ____ / ____	City _____ State _____ Zip _____

TYPE OF SERVICE	VOLTAGE					
	Existing		New			
Overhead <input type="checkbox"/> Underground <input type="checkbox"/>	120/208 single phase, three wire	<input type="checkbox"/>	<input type="checkbox"/>	240/480 three phase, four wire	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/> _____	120/240 single phase, three wire	<input type="checkbox"/>	<input type="checkbox"/>	277/480 three phase, four wire	<input type="checkbox"/>	<input type="checkbox"/>
	120/208 three phase, four wire	<input type="checkbox"/>	<input type="checkbox"/>	Primary Voltage	<input type="checkbox"/>	<input type="checkbox"/>
	120/240 three phase, four wire	<input type="checkbox"/>	<input type="checkbox"/>			

SERVICE TERMINATIONS <small>(If you are installing more than one piece of service termination equipment, please submit a breakdown of the connected load behind each switchboard.)</small>					
Service	Service Equipment Type*	Capacity (amps)	Service	Service Equipment Type*	Capacity (amps)
Existing Service	_____	_____	New Service #4	_____	_____
New Service #1	_____	_____	New Service #5	_____	_____
New Service #2	_____	_____	New Service #6	_____	_____
New Service #3	_____	_____			

\*May include Switchboards w/BIC, Mainline Switches, CT Cabinets, Transockets, or Meter Sockets.

PRIMARY SITE USE		
<b>RESIDENTIAL</b> <input type="checkbox"/> Single House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Other <input type="checkbox"/> _____ No. of Units _____ Conditioned Square Footage/Unit _____ sq. ft.	<b>SUBDIVISION</b> <input type="checkbox"/> No. of Single Family Homes _____ No. of Townhomes _____ No. of Apartments/Condos _____ No. of Other Units _____ Total Units/Lots _____	<b>COMMERCIAL</b> <input type="checkbox"/> Store <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Restaurant <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Office <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Warehouse <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Condo <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Apartment <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Other <input type="checkbox"/> _____ Total conditioned sq. ft. _____ No. of units _____



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<b>PRIMARY SITE USE</b> <i>(continued)</i>
<b>INDUSTRIAL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> (Please provide a description of your project.) <hr/> <hr/> <hr/>

<b>LOAD INFORMATION</b>		
Lighting _____ kW	Water Heating _____ kW	Largest Motor _____ hp
Air Conditioning _____ tons	Elevators _____ kW	Misc. Power _____ kW
Electric Heat Pump _____ tons	Number of Elevators _____	Total hp Motors _____ hp
Electric Resistance Heating _____ kW	Backup Resistance Heating _____ kW	
<b>GAS LOAD</b> <i>(New Castle County, DE only)</i>		
Gas House Heater _____ BTU/hr	Gas Pool Heater _____ BTU/hr	Gas Generator _____ BTU/hr
Gas Range _____ BTU/hr	Gas Fireplace _____ BTU/hr	Gas Boiler _____ BTU/hr
Gas Water Heater _____ BTU/hr	Gas Other _____ BTU/hr	Process Gas _____ BTU/hr
Pressure Requested: <input type="checkbox"/> City or 5.5" Water Column <input type="checkbox"/> @ 2PSIG <input type="checkbox"/> @ 5PSIG <input type="checkbox"/> @ 10 PSIG <input type="checkbox"/> @ Line Pressure 12-60 PSIG		
Additional information for design consideration (Special site considerations, additional load info, etc.): _____		
_____		
_____		

Return completed application to Delmarva Power at:

**Christiana District**  
**New Castle County, DE**  
 Delmarva Power  
 PO Box 9239  
 Newark, DE 19714-9239  
 Phone: (302) 454-4343  
 Fax: (302) 454-4262  
 NewBusNC@delmarva.com

**North East District**  
**Cecil & Harford Counties, MD**  
 Delmarva Power  
 North East Commerce Ctr  
 2 Center Drive  
 North East, MD 21901  
 Phone: (800) 375-5619  
 Fax: (410) 287-7149  
 NewBusNE@delmarva.com

**Centreville District**  
 Delmarva Power  
 PO Box 159  
 Centreville, MD  
 21617-0159  
 Phone: (410) 758-4102  
 Fax: (410) 758-4140  
 NewBusCV@delmarva.com

**Millsboro District**  
 Delmarva Power  
 PO Box 637  
 Millsboro, DE  
 19966-0637  
 Phone: (302) 934-3357  
 Fax: (302) 934-3374  
 NewBusMI@delmarva.com

**Salisbury District**  
 Delmarva Power  
 PO Box 1739  
 Salisbury, MD  
 21802-1739  
 Phone: (410) 860-6357  
 Fax: (410) 860-6077  
 NewBusSA@delmarva.com

For Office Use Only
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Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Company Name \_\_\_\_\_