

# Application for Electric Service & Meter



The Mayor & Council of Middletown  
19 West Green Street  
Middletown, DE 19709

Phone: (302) 378-2211 Fax: 302-378-5719  
[www.middletown.delaware.gov](http://www.middletown.delaware.gov)

APPLICANT INFORMATION	ADDRESS OF PROPERTY TO BE SERVED
Name: _____	Project Name: _____
Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Electrician <input type="checkbox"/>	Street Address*: _____
Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other <input type="checkbox"/>	Apt. #: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
City: _____ State: _____ Zip: _____	Lot #: _____
Phone: _____ Fax: _____	Owner Name: _____ Existing Account #: _____
Email: _____	*List all addresses/unit designations for multi-tenant properties under comments

BILLING ADDRESS	TYPE OF REQUEST
Name: _____	New Service <input type="checkbox"/> Upgrade/Change <input type="checkbox"/>
Street Address: _____	Temporary Service <input type="checkbox"/> Reintroduction <input type="checkbox"/>
Apt. #: _____	Service Relocation <input type="checkbox"/> Other: _____
City: _____ State: _____ Zip: _____	Proposed In-Service Date: _____
Phone #: _____ E-mail: _____	

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

SERVICE TERMINATIONS					
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	_____	_____	*if additional service terminations, please list in customer comments section		

PRIMARY SITE USE		
<b>RESIDENTIAL</b> <input type="checkbox"/> Single House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Modular <input type="checkbox"/> Other: _____ # of Units _____ Sq. Ft. Per Unit _____	<b>SUBDIVISION</b> <input type="checkbox"/> # of Single Homes _____ # of Townhomes _____ # of Apartments _____ # of Other Units _____ Total Units/Lots _____	<b>COMMERCIAL</b> <input type="checkbox"/> Store/Retail Total Sq. Ft. _____ # of Units _____ Restaurant Total Sq. Ft. _____ # of Units _____ Office Total Sq. Ft. _____ # of Units _____ Warehouse Total Sq. Ft. _____ # of Units _____ Apartment Total Sq. Ft. _____ # of Units _____ Other Total Sq. Ft. _____ # of Units _____
<b>INDUSTRIAL/OTHER</b> <input type="checkbox"/> _____ _____		

**CHARACTERISTICS OF NEW OR ADDITIONAL LOAD****ELECTRICAL LOAD**

Elec. Heat Pump \_\_\_\_\_kW      Water Heating \_\_\_\_\_kW  
Elec. Resistance Heating \_\_\_\_\_kW      Misc \_\_\_\_\_kW  
Backup Resistance Heating \_\_\_\_\_kW      Existing Load \_\_\_\_\_kW  
Cooling \_\_\_\_\_kW      Total Connected Load \_\_\_\_\_kW  
Lighting \_\_\_\_\_kW      Est. Total Demand \_\_\_\_\_kW  
Elevators \_\_\_\_\_kW      Operating Hours/Day \_\_\_\_\_  
Cooking \_\_\_\_\_kW      Operating Days/Week \_\_\_\_\_  
Total HP Motors \_\_\_\_\_HP

**LARGEST MOTOR SPECS**

Quantity \_\_\_\_\_      Phase \_\_\_\_\_  
Size (HP) \_\_\_\_\_      Voltage \_\_\_\_\_  
Locked Rotor \_\_\_\_\_      Frequency of Start (per hour) \_\_\_\_\_  
Current \_\_\_\_\_      Purpose \_\_\_\_\_  
Motor Code Letter \_\_\_\_\_

**CUSTOMER COMMENTS / ADDITIONAL PROJECT INFORMATION FOR CONSIDERATION**

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I affirm that the above information is correct to the best of my knowledge. I understand that any changes I make in the above information or attached drawings may increase the time required for the Town of Middletown to provide service, and that I might be liable for additional engineering and construction costs.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Customer Information:**

1. Not all service voltages are available in all areas. Before purchasing electrical equipment or proceeding with any wiring, information regarding service availability and meter location should be reviewed with the Town of Middletown.
2. All new or changed wiring and equipment must be installed in accordance with the National Electrical Code and Town of Middletown requirements and will require an electrical inspection.
3. The customer must supply and install Town of Middletown approved connectors for all commercial services.
4. Padmount transformers can have no more than eight (8) conductors per phase for commercial secondary services.
5. Customers must provide a clear path free of obstructions for installing electrical facilities to the premise, and area must be within 6" of final grade.

**NOTE: This application shall not apply to the request for the installation of any distributed generation.**

**FOR OFFICE USE ONLY:**

Meter Form: \_\_\_\_\_ Meter Class: \_\_\_\_\_ Meter Voltage: \_\_\_\_\_ Service Class: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_