



**Electric Load Analysis  
for Multi-Family Residential**

*Inspection Services  
Georgetown, Texas*

Date: \_\_\_\_\_

**General Information**

Project Street Address: \_\_\_\_\_  
Project Street Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Agent: \_\_\_\_\_  
Agent Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Construction Site Contact Name: \_\_\_\_\_  
Construction Site Phone Number: \_\_\_\_\_

**Required Information and Submittals**

Site Plan and Electrical One Line (AutoCAD format) \_\_\_\_\_  
(Plans including all Easements and Existing Utilities)  
Electrical Load Analysis (see attached sheet 2 of 2) \_\_\_\_\_  
Requested Point of Service & City Transformer Location \_\_\_\_\_  
(Approval by City's Electric Department)  
Type of Service Overhead or Underground \_\_\_\_\_  
Schedule of Buildings \_\_\_\_\_  
Number of Units in each Building \_\_\_\_\_  
Electric or Gas Heat \_\_\_\_\_  
Requested Date of Temporary Service \_\_\_\_\_  
Construction Start Date \_\_\_\_\_

**Billing Information**

Name and Company: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Note: All information must be provided to the City before City's Electrical design proceeds.

**REQUIRED WITH PERMIT**

