



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

*Inspection Services
Georgetown, Texas*

Date: _____

General Information

Project Name: _____
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 _____
Square Footage of Home _____
Square Footage Per Ton of A/C _____
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

