

Customer Scoping Document for Project Initiation



Notification # _____

Consumers Energy's Preferred Load data method is Full Project Prints, including: (Site Plan, Mechanical Plan, Electric Panel Schedule and Survey) **Consumers Energy cannot provide a cost or design without ALL Complete and Accurate Information for the Utility Type Requested. Additional forms may be required.**

Customer Contact Information		
Customer Name	Customer E-mail Address	Customer Phone Number
Address of Job Location (If no address, please include Road Name, City, Cross Roads, Lot #, Parcel ID #, County and Township)		
Site Contact Information		
Electrician Name & Company	Electrician E-mail Address	Electrician On-Site Phone Number
Mechanical Contractor Name & Company	Mechanical Contractor E-mail Address	Mechanical Contractor On-Site Phone Number
Account Type		
Residential		
<input type="checkbox"/> New <input type="checkbox"/> Existing / Change / Upgrade	<input type="checkbox"/> Modular Home <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Square Footage of Home _____
Commercial / General Service		
<input type="checkbox"/> New <input type="checkbox"/> Existing / Change / Upgrade	<input type="checkbox"/> Pole Building <input type="checkbox"/> Business <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Business Operation Type: _____		
<input type="checkbox"/> Months of Operation _____	<input type="checkbox"/> Hours of Operation per Week / Month _____	<input type="checkbox"/> Number of Shifts per Day _____
<input type="checkbox"/> Square Footage of Building _____	<input type="checkbox"/> Number of Employees _____	<input type="checkbox"/> Number of Units _____ <input type="checkbox"/> Number of Stories _____
Agricultural		
<input type="checkbox"/> New <input type="checkbox"/> Existing / Change / Upgrade	<input type="checkbox"/> Pole Building <input type="checkbox"/> Grain Dryer <input type="checkbox"/> Irrigation <input type="checkbox"/> Line Relocation <input type="checkbox"/> Other _____	
Business Operation Type: _____		
<input type="checkbox"/> Months of Operation _____	<input type="checkbox"/> Hours of Operation per Week _____	<input type="checkbox"/> Number of Shifts per Day _____
<input type="checkbox"/> Crop Type _____	<input type="checkbox"/> No. of Bushels / Acres _____	<input type="checkbox"/> Acres Irrigated / Farmed _____
Planting Date _____	Harvest Date _____	
Site Information		
Current Construction Status:		Construction Requirements:
<input type="checkbox"/> Not Started <input type="checkbox"/> Foundation	<input type="checkbox"/> Electrical Inspection <input type="checkbox"/> Site Grading (3" to Final)	<input type="checkbox"/> Hard Surface Break <input type="checkbox"/> Type of Hard Surface _____ <input type="checkbox"/> Bore
<input type="checkbox"/> Staked <input type="checkbox"/> Framed	<input type="checkbox"/> Backfilled	
Fill Out Necessary Sections below for the Type of Energy you are requesting.		
Electric Service Information and Requirements (You may need to partner with your electrician to complete the following sections.)		
Electric Service Type:	Electric Phase Requirements: (Note: Not all phases or voltages are available in all areas)	
<input type="checkbox"/> Overhead <input type="checkbox"/> Underground	<input type="checkbox"/> Single <input type="checkbox"/> Three	
Electric Voltage Requirements:		
<input type="checkbox"/> 120/240 <input type="checkbox"/> 240/480 <input type="checkbox"/> 120/208 (Three Phase) <input type="checkbox"/> 277/480 (Three Phase) <input type="checkbox"/> Existing 480 (Requires Consumers Energy Approval)		
Electric Service Load Side Conductor:		
<input type="checkbox"/> Single <input type="checkbox"/> Other _____	<input type="checkbox"/> Parallel <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper	Conductor Size from Panel to Meter Socket _____ Mast Size _____
Proposed Service Panel Size _____ Amps Largest Motor - _____ Horse Power Locked Rotor Amps _____ Rated Load Amps _____		
Lighting:		
Exterior: # of Units _____ Watts / Fixture _____ KVA _____		Interior: # of Units _____ Watts / Fixture _____ KVA _____
Air Conditioning/ Heating, Venting and Cooling: # of Units _____ Tons / Unit _____ Largest Unit _____		
Geothermal: Number of Units _____ Largest Units _____ Pump Size _____ Ton/Unit _____ Aux Heat Size _____		
Instant Water Heating: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Size _____		

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Pump Information:

Pump Horse Power _____ Pressure at Pump Head (psi) _____ Pump Lift Feet _____ Well Depth _____

Conventional hp _____ Max Startup Amps _____ Max Running Amps _____

Soft Start hp _____ Max Startup Amps _____ Max Running Amps _____

Phase Converter hp _____

Variable Frequency Drive Motor Information: Make _____ Model _____ Ramp Up Setting _____

Max Amp Draw from Start to Full Operating Use _____ Amps Safety Shutoff Limit Setting _____ Amps

Note: Please Include Multiple Equipment Loads in the Additional Gas or Electric Equipment Load Information below

Gas Service Information and Requirements

Gas Service Load Requirements - Complete Load Table Below:

No. of Units Single Multiple (**Use Additional Gas or Electric Equipment Load Section**)

Fuel Line Size _____ Type _____

Please inform Consumers Energy if filtration requirements are needed.

If Existing (Converting) - Type of Fuel:

Propane Fuel Oil

No. of Gallons per Year _____

Price per Gallon _____

Delivery Pressure

Typical Pressure (7" W.C.) Elevated Pressure (above 7" W.C.) - *Consumers Energy Approval Required*

If Elevated, what pressure are you requesting? _____ - *Equipment Spec Sheet Required*

***Gas Pressures available - 7" W.C. (Typical), Elevated, (11" W.C. 1, 2, 5, 10, psig)**

Generator

Number of Units _____

Size (KW) _____

Size (BTU) _____

Gas or Electric Equipment Load Information - Please Detail Each Piece of Equipment

Qty	Type of Load (Pump, Fan, Furnace, Water Heat, Etc.)	Load Size of Unit (hp, kW, Amps, Btu, Cfh)	Min and Max Pressures or Voltage and Phase	Est Hours of Operation Per Month/Year	New or Existing

Customer Task: Pre-Site Meeting

Please perform prior to Site Meeting:

- Property lines clearly marked / identified
- Proposed building corners, well and septic staked
- Customer submitted MISS DIG at 1-800 482-7171 or 811
- Please indicate any future building locations
- E-mail CAD files of blueprints to your Consumers Energy Rep.

Customer Requirements

Additional Customer Provide Documents requirement:

- Environmental site conditions letter (Due care plans if applicable)
- Copy of Property Description / Deed
- Copy of necessary Trust (if applicable)
- Parcel ID Number
- Copy of Soil Erosion Permit (if applicable)

Note: Proactive completion of above tasks and needed load information can reduce engineering time.

Authorization

I certify that I own or am the authorized representative of the person(s) who owns the property indicated in this application. I certify the information provided is accurate and will promptly inform Consumers Energy of any plan revisions. If installation requirements differ from what is submitted on this application, I understand these changes may result in an increased cost to me.

Signature: _____ Printed Name: _____ Date: _____

We value you as a customer and look forward to working with you.