

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 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, Crossroads, 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: <input type="checkbox"/> Not Started <input type="checkbox"/> Electrical Inspection <input type="checkbox"/> Staked <input type="checkbox"/> Backfilled <input type="checkbox"/> Foundation <input type="checkbox"/> Site Grading (3" to Final) <input type="checkbox"/> Framed Gas Meters must be mounted to a weatherproof, permanent backerboard on structures that will receive siding. The backerboard is required for new builds and relocates. See Customer Guidelines: Meter Backerboard Requirements. | | Construction Requirements: <input type="checkbox"/> Hard Surface Break Type of Hard Surface _____ <input type="checkbox"/> Bore |
| Fill out the sections below for the type of energy you are requesting. | | |
| Electric service information and requirements. You may need to work with your electrician to complete the following sections. | | |
| Electric Service Type: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground | Electric Phase Requirements: (Not all phases or voltages are available in all areas) <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"/> 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 - _____ Horsepower 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 Horsepower _____ 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

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 |
|-----|--|--|--|---------------------------------------|-----------------|
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Customer Tasks: Pre-Site Meeting

Please Perform Before the Site Meeting:

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

Customer Documentation Requirements

Additional Documents the Customer Must Provide:

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).

Proactive completion of the above tasks and providing the 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.