

Application for Line Extension or Service Install

***Applicant Information**

Applicant Name: _____ Joint Applicant Name: _____

Phone: _____ Cell Phone: _____

Current Mailing Address: _____

E-mail Address: _____

Applicant is: [] Present LEC Member [] Former LEC Member [] New LEC Member

Previous or Current LEC Account #: _____

Projects require a NON-REFUNDABLE \$400.00 engineering deposit and field visit prior to preparing a binding project cost. **Please allow 4 business days for application processing.** This deposit is applied towards the cost of the project if completed within 24 months of application. See LEC Policy 302.

Applications will not be processed until all the following information is provided:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application for Line Extension or Service Install with required fields completed including Legal Description (<i>* Indicates Required Fields</i>) <input type="checkbox"/> Completed and signed Individual Member Information Form for new accounts (Please contact us for business membership requirements) | <ul style="list-style-type: none"> <input type="checkbox"/> Payment of Engineering Deposit <input type="checkbox"/> Copy of property deed <input type="checkbox"/> Copy of plat map <input type="checkbox"/> Establish credit with the Cooperative |
|--|--|

Line Extension ONLY	Service Install ONLY
<p>Fill out this side if there are no existing power facilities or you are adding services on the property. Most applicants will use this section.</p> <p>*Requested Service Type</p> <p>[] Overhead [x] Underground</p> <p>[] Single Phase [] Three Phase</p> <p><u>Members are advised to consult with an electrician prior to determining service size. Please indicate size below.</u></p> <p>[] 200 Amp [] 400 Amp [] 600 Amp [] Other: _____ Amp</p> <p><u>Planned Electrical Load Information</u></p> <p>[] Frame or Log Home Size: _____ [] Multi-Family Home Size: _____ [] Commercial Facility Size: _____ [] Manufactured Home Size: _____ [] Accessory Building Size: _____ [] Other: _____ Size: _____</p> <p><u>Planned Heating Type(s)</u></p> <p>Electric Furnace [] Primary [] Backup Electric Baseboard [] Primary [] Backup Heat Pump [] Primary [] Backup Fuel Oil [] Primary [] Backup Wood [] Primary [] Backup Propane [] Primary [] Backup</p>	<p><u>DO NOT</u> Fill out this side unless LEC's Engineering Department indicates that this project qualifies for a flat fee.</p> <p>*Requested Service Type</p> <p>[x] Underground [x] Single Phase</p> <p><u>Members are advised to consult with an electrician prior to determining service size. Please indicate size below.</u></p> <p>[] 200 OR [] 400 Amp Service-\$1,200 FLAT FEE** [] Meter Install Fee (ISR RV ONLY) - \$850 FLAT FEE**</p> <p><i>**Dependent on credit, additional account deposit fees may be assessed in addition to the amount due above.</i></p> <p><u>Planned Electrical Load Information</u></p> <p>[] Frame or Log Home Size: _____ [] Multi-Family Home Size: _____ [] Commercial Facility Size: _____ [] Manufactured Home Size: _____ [] Accessory Building Size: _____ [] Other: _____ Size: _____</p> <p><u>Planned Heating Type(s)</u></p> <p>Electric Furnace [] Primary [] Backup Electric Baseboard [] Primary [] Backup Heat Pump [] Primary [] Backup Fuel Oil [] Primary [] Backup Wood [] Primary [] Backup Propane [] Primary [] Backup</p>



Application for Line Extension or Service Install

***Property Information**

Section: _____ Township: _____ Range: _____

Legal Land Description***: _____

Physical Address of Property: _____

Name of Nearest LEC Served Neighbor or LEC Pole/Transformer No: _____

Description of Service: _____

Landowner is: Same as Applicant (Skip Next) Different from Applicant (Complete Next)

Name(s): _____ Phone: _____

***Legal land description usually includes township, range, and section, subdivision name, and lot/tract/parcel number.

***Contact Information for Field Visit**

Same As Applicant (Skip Next) Different from Applicant (Complete Next)

Name: _____ Phone: _____ Cell: _____

***Other Utilities Located on Parcel**~ May require coordination at field visit.

Interbel Telephone Glen Lake Irrigation District Other _____
 Century Link Ziplly Fiber

Coordination Contacts (Skip If Unknown)

Excavation Contractor: _____ Phone: _____ Cell: _____

Electrical Contractor: _____ Phone: _____ Cell: _____

I verify that:

- I am the stated Applicant or have been authorized by the Applicant to act on their behalf.
- I understand this project will be bound and regulated by LEC's Line Extension Policy 302, a copy of which is available at the LEC office or on their website at www.lincolnelectric.coop.
- A binding project cost will be provided to the applicant after completion of a field visit. I understand that this project cost is good for ninety (90) days. After ninety (90) days the project cost will be updated to reflect the current construction costs. I understand that I will be responsible for the additional Contribution In Aid of Construction (CIAC) costs due if the project cost changes.
- I understand I am responsible for notifying Lincoln Electric of the project status, changes to electrical design, and ensuring my project is completed within 24 months of application. Additional deposit funds may be required for changes.
- **I understand if the project is not completed within 24 months of application, the project will be closed and if there are any remaining Engineering Deposit/Service Install Only funds, these funds will be forfeited by the Applicant.**

*Signature: _____ *Date: _____