



## Application for Upgrade and/or Relocation

**\*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\*\*

*\*\*New LEC members must return a completed and signed Member Information Form with this application and establish credit with the cooperative.*

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.

Service Upgrade	Service Relocation
Fill out this side if you are adding additional electric load that requires an upgrade of service.	Fill out this side if you are requesting a relocation of LEC facilities on your property.
<b>*Existing Service Type</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> 70/100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> 400 Amp <input type="checkbox"/> Other: _____ Amp	<b>*Existing Service Location</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <b>*Requested Service Relocation</b> <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase
<b>*Requested Service Type</b> <b>Members are advised to consult with an electrician prior to determining service size. Please indicate service size below.</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> 200 Amp <input type="checkbox"/> 400 Amp <input type="checkbox"/> 600 Amp <input type="checkbox"/> Other: _____ Amp	Facility to Be Moved (Describe): _____ Desired Facility Location (Describe): _____ <b>Members are advised to consult with an electrician to determine process for relocation of secondary wire, meter base, etc.</b>

**\*Changes to Electrical Load**

Planned Additional Electrical Load Information	Planned New Heating Type(s)
<input type="checkbox"/> Frame or Log Home      Size: _____ <input type="checkbox"/> Multi-Family Home      Size: _____ <input type="checkbox"/> Commercial Facility      Size: _____ <input type="checkbox"/> Manufactured Home      Size: _____ <input type="checkbox"/> Accessory Building      Size: _____ <input type="checkbox"/> Other: _____      Size: _____	Electric Furnace <input type="checkbox"/> Primary <input type="checkbox"/> Backup Electric Baseboard <input type="checkbox"/> Primary <input type="checkbox"/> Backup Heat Pump <input type="checkbox"/> Primary <input type="checkbox"/> Backup Fuel Oil <input type="checkbox"/> Primary <input type="checkbox"/> Backup Wood <input type="checkbox"/> Primary <input type="checkbox"/> Backup Propane <input type="checkbox"/> Primary <input type="checkbox"/> Backup

*\*Indicates Required Fields*



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### **\*Property Information**

Legal Description of Property: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Previous or Current LEC Account #: \_\_\_\_\_

Names on Account: \_\_\_\_\_

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

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

### **Anticipated Additional Load**

Additional kW\*: \_\_\_\_\_

*\*LEC requests this information for design criteria.*

### **\*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](http://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 thirty (30) days. After thirty (30) 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 funds, these funds will be forfeited by the Applicant.**

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

*\*Indicates Required Fields*