

# APPLICATION FOR ELECTRIC & GAS SERVICE

To expedite your service request, please fill out the application online at: <https://www.delmarva.com/MyAccount/MyService/Pages/ServiceRequests.aspx>

To help avoid delays in processing your application, you *must* also submit a site plan or sketch showing all facilities and obstructions. Incomplete information on the paper application may result in a delay in processing your request of service.

The company reserves the right to cancel this request if no further communication is received from the customer *within 90 days* of Delmarva Power response date.

APPLICANT INFORMATION	ADDRESS OF PROPERTY TO BE SERVED
Name _____	Project Name (if applicable) _____
Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Electrician <input type="checkbox"/> Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other <input type="checkbox"/>	Street Address _____
Mailing Address _____	Apt. No. _____ City _____
City _____ State _____ Zip _____	State _____ Zip _____ Lot and Block No. _____
Phone _____ Alt. Phone _____	Owner's Name _____
Fax _____ Email _____	Existing Account No. _____

TYPE OF REQUEST	BILLING ADDRESS
New Service <input type="checkbox"/> Temporary <input type="checkbox"/> Lighting <input type="checkbox"/> Facility Relocation <input type="checkbox"/>	Name _____
Upgrade/Heavy-Up <input type="checkbox"/> Electric Vehicle <input type="checkbox"/>	Street Address _____
Other <input type="checkbox"/> _____	Apt. No. _____
Proposed In-Service Date: ____ / ____ / ____	City _____ State _____ Zip _____
	Phone _____ Email _____

TYPE OF SERVICE	VOLTAGE
<u>Electric</u>	Existing New Existing New
Overhead <input type="checkbox"/> Underground <input type="checkbox"/>	120/208 single phase, three wire <input type="checkbox"/> <input type="checkbox"/> 240/480 three phase, four wire <input type="checkbox"/> <input type="checkbox"/>
Other <input type="checkbox"/> _____	120/240 single phase, three wire <input type="checkbox"/> <input type="checkbox"/> 277/480 three phase, four wire <input type="checkbox"/> <input type="checkbox"/>
<u>Gas</u>	120/208 three phase, four wire <input type="checkbox"/> <input type="checkbox"/> Primary Voltage <input type="checkbox"/> <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	120/240 three phase, four wire <input type="checkbox"/> <input type="checkbox"/>

SERVICE TERMINATIONS <small>(if you are installing more than one piece of service termination equipment, please submit a breakdown of the connected load behind each switchboard.)</small>					
Service	Service Equipment Type*	Capacity (amps)	Service	Service Equipment Type*	Capacity (amps)
Existing Service	_____	_____	New Service #4	_____	_____
New Service #1	_____	_____	New Service #5	_____	_____
New Service #2	_____	_____	New Service #6	_____	_____
New Service #3	_____	_____	*May include Switchboards w/BIC, Mainline Switches, CT Cabinets, Transockets, or Meter Sockets.		

PRIMARY SITE USE		
<b>RESIDENTIAL</b> <input type="checkbox"/> Single House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Other <input type="checkbox"/> _____ No. of Units _____ Conditioned Square Footage/Unit _____ sq. ft.	<b>SUBDIVISON</b> <input type="checkbox"/> No. of Single Family Homes _____ No. of Townhomes _____ No. of Apartments/Condos _____ No. of Other Units _____ Total Units/Lots _____	<b>COMMERCIAL</b> <input type="checkbox"/> Store <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Restaurant <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Office <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Warehouse <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Condo <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Apartment <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Other <input type="checkbox"/> _____ Total conditioned sq. ft. _____ No. of units _____

## PRIMARY SITE USE (continued)

**INDUSTRIAL** ☐ **OTHER** ☐ (Please provide a description of your project.)

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## LOAD INFORMATION

Lighting _____ kW	Water Heating _____ kW	Largest Motor _____ hp
Air Conditioning _____ tons	Elevators _____ kW	Misc. Power _____ kW
Electric Heat Pump _____ tons	Number of Elevators _____	Total hp Motors _____ hp
Electric Resistance Heating _____ kW	Backup Resistance Heating _____ kW	EV Charger _____ kW

**GAS LOAD (New Castle County, DE only)**

Gas House Heater _____ BTU/hr	Gas Pool Heater _____ BTU/hr	Gas Generator _____ BTU/hr
Gas Range _____ BTU/hr	Gas Fireplace _____ BTU/hr	Gas Boiler _____ BTU/hr
Gas Water Heater _____ BTU/hr	Gas Other _____ BTU/hr	Process Gas _____ BTU/hr

Level 1 ☐ Level 2 ☐ DCFC ☐ N/A ☐

Pressure Requested: ☐ City or 5.5" Water Column ☐ @ 2PSIG ☐ @ 5PSIG ☐ @ 10 PSIG ☐ @ Line Pressure 12-60 PSIG

Additional information for design consideration (Special site considerations, additional load info, etc.):

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Return completed application to Delmarva Power at:

**Gas Division**  
**New Castle County, DE**  
Delmarva Power  
PO Box 231  
Wilmington, DE  
19899-0321  
Phone: (302) 429-3117  
myswitchtogas@delmarva.com

**Christiana District**  
**New Castle County, DE**  
Delmarva Power  
PO Box 9239  
Newark, DE 19714-9239  
Phone: (302) 454-4343  
Fax: (302) 454-4262  
NewBusNC@delmarva.com

**North East District**  
**North Cecil & Hartford Counties, MD**  
Delmarva Power  
North East Commerce Ctr  
2 Center Drive  
North East, MD 21901  
Phone: (410) 287-7145  
Fax: (410) 287-7149  
NewBusNE@delmarva.com

**Centreville District**  
**Caroline, Talbot, Kent, South Cecil, & Queen Anne's Counties, MD**  
Delmarva Power  
PO Box 159  
Centreville, MD  
21617-0159  
Phone: (410) 758-4102  
Fax: (410) 758-4140  
NewBusCV@delmarva.com

**Millsboro District**  
**Kent & Sussex Counties, DE**  
Delmarva Power  
PO Box 637  
Millsboro, DE  
19966-0637  
Phone: (302) 934-3357  
Fax: (302) 934-3374  
NewBusMI@delmarva.com

**Salisbury District**  
**Dorchester, Wicomico, Somerset, & Worcester Counties, MD**  
Delmarva Power  
PO Box 1739  
Salisbury, MD  
21802-1739  
Phone: (410) 860-6295  
Fax: (410) 860-6077  
NewBusSA@delmarva.com

For Office Use Only

Applicant's Name

Date

Signature

Company Name