

Application Date: ____

APPLICATION FOR UTILITY PROJECT SUPPORT

SUBMIT COMPLETED APPLICATION TO: ISLAND ENERGY

440 WALNUT AVENUE MARE ISLAND, CA 94592-0001

Application Fee: \$5,000.00 (\$1400 non-refundable)

Telephone

Telephone

Telephone

Telephone

PHONE: (707) 562-5000 FAX: (707) 562-5002

HON			
Legal name of responsible party or corpor	ration		
Name of organization or outity			
Name of organization or entity			
Street	City	State	Zip Code
S. Cec	<i>C</i> ,	State	Zip code
Description of goods or services rendered			
Business phone:		Fax:	
☐ Partnership ☐ Corporation ☐ F	Public Agency	Other:	
here incorporated:		Year filed:	
office or residence address if sole pro	nriotore		
	Name of organization or entity Street Description of goods or services rendered Business phone: Partnership Corporation F	Legal name of responsible party or corporation Name of organization or entity Street City Description of goods or services rendered Business phone: Partnership Corporation Public Agency where incorporated:	Legal name of responsible party or corporation Name of organization or entity Street City State Description of goods or services rendered Business phone: Fax: Partnership Corporation Public Agency Other: There incorporated: Year filed:

Name of contact person for service:

Contact for billing inquiries:

Name

Name

Name

Name Title Telephone

Title

Title

Title

Title

Authorization (required)

Owner or corporate officer

Id Verification: Drivers license # and State

Name (print)

Title

Date

ISLAND ENERGY APPLICATION FOR UTILITY PROJECT SUPPORT

Date service requested:	
Type of service: ☐ Electric Only ☐ Gas Only ☐ Gas & Electric	
Project Name:	
Contact for Electrical Engineering:	
Name Company	Telephone
Contact for Mechanical Engineering:	
Name Company	Telephone
This request is for:	
☐ A new single point of service ☐ Temporary service, until:	
A new single building with multiple points of service	
A project with multiple new buildings and multiple points of service	
A request to upgrade, relocate, or remove existing utilities (specify the projection)	ect type and attach a
detailed description):	
SERVICE INFORMATION FOR MULTIPLE POINTS OF SERVICE	
Description of Project Area: Specify Types of Buildings or Service Deliveries (by size, load, delivery characte	
Type I: Sq Ft./Unit: Nur	mber of Units
Type II:Sq Ft./Unit: Nui	mber of Units
Type III:Sq Ft./Unit:Nun	mber of Units
(Use additional sheets if necessary)	
Attach a Service Planning Information Sheet for each building or service	e type.
SUPPORTING DOCUMENTS – PROVIDE TWO COPIES OF THE FOLLOWING WITH YO	OLID ADDLICATION

- □ Detailed architectural, mechanical and civil site plans showing roads, driveways, buildings and structures, existing utilities, and any street improvement plans; tentative (or draft) Subdivision Map; preliminary Parcel Map.
- □ Preferred electric and gas meter locations, and preferred service transformer location.
- ☐ Electrical drawings and schedules; switchboard drawings; include one-line diagram if available.