

<input checked="" type="checkbox"/> CRT NO.	<input checked="" type="checkbox"/> LOAD DESCRIPTION	Lighting Outlet	Convenience Outlet	Ampere	Volt-Ampere	Wire	Size	Service Drop Wire Length
TOTAL								

LAYOUT PLAN:



LOCATION SKETCH:



APPROVED:



Name of Applicant



Signature

NOTE:

Please supply all the necessary data for immediate processing of your papers.

RISER DIAGRAM:



REFERENCE POINT:

Please indicate two (2) registered names and account number of your nearest coops member consumers.

NAMES	ACCOUNT NUMBER	L	R	F	B
_____	_____	[]	[]	[]	[]
_____	_____	[]	[]	[]	[]

SYMBOLS:

- SERVICE ENTRANCE
- KWH METER
- SAFETY SWITCH
- LIGHTING OUTLET
- CON. OUTLET
- SWITCH LINE
- HOMERUN CRT
- SINGLE POLE SWITCH

LEGEND:

L- LEFT R- RIGHT F- FRONT B- BACK

INSTALLED BY:

Printed Name and Signature of Electrician

ID NO.: _____ EXP. DATE: _____

ADDRESS: _____

DATE PREPARED: _____



Professional Electrical Engineer

PRC # _____ TIN # _____

PTR # _____ Issued at _____ Date: _____