



100 Simcoe Street South
 Oshawa, Ontario
 L1H 7M7
 Tel. (905) 723-4623
 Fax (905) 571-1015
 contactus@opuc.on.ca
 www.opuc.on.ca

Commercial or Industrial Service Request Application Form

Please return **all completed forms with required signature(s)** to the Operations Division Assistant by email at Connections@opuc.on.ca or fax at (905) 571-1015.

NOTES:

1. Additional information may be required to proceed with the service request.
2. Applicants are cautioned not to incur any major expenses until all necessary connection approvals from Oshawa PUC Networks Inc. ("OPUCN") have been received.
3. Please contact us by email at Connections@opuc.on.ca if you have not received a reply from OPUCN acknowledging receipt of your submission within 5 working business days of submitting.
4. Please ensure that the address on the ESA Connection Authorization matches the service address provided (including unit number if applicable). Connection will only be provided to application with ESA address and description that matches the Confirmation or Offer-to-Connect.

Oshawa PUC Networks Inc. (OPUCN) requires the following information before any work by OPUCN for servicing can be initiated as identified in our Conditions of Service.

Item #	Item	Response	Date Received
1	Civic Address for Project	Address: _____ _____ _____	
2	Project Manager Contact Information	Name: _____ Address: _____ _____ _____ Phone: _____ Mobile: _____ Fax: _____ Email: _____	
3	Name and Address of Project Owner/Developer <ul style="list-style-type: none"> Required for Offer to Connect Contact Name With fax and phone Numbers Usually the name of who is paying for the service 	Name: _____ Address: _____ _____ _____ Phone: _____ Mobile: _____ Fax: _____ Email: _____	
4	Proposed In-Service Date		
5	Main Switch Size (Amperes)		
6	Proposed Secondary Voltage		
7	Expected Peak Demand (Watts)		



8	Single-line diagram showing the proposed metering configuration (if applicable)							
9	Switchgear details including detailed specifications for the switchgear manufacturer for the utility metering compartment with proposed configuration for instrument transformer mounting (If applicable).							
10	Dedicated electrical room location and dimensions (clearly labeled)							
11	Proposed remote meter location and distance to switch gear (If Applicable)							
12	Proposed physical meter layout							
13	Electronic drawings scaled 1:1 in AutoCAD™ 2016 or earlier (See reverse for specific requirements)							
14	Survey plan and site plan indicating the proposed location of the electrical service with respect to public rights-of-way and lot lines (2 Paper copies of Each or included in AutoCAD drawing)							
15	Street Furniture Plan (2 Paper Copies or included in AutoCAD drawing)							
16	Location of other services as indicated on the City of Oshawa's Composite Utility Plan to at least the centre line of the roadway							
17	Legal description of the lands							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Complete Submission Received:</td> <td style="width: 15%;">Date: _____</td> <td style="width: 20%;">Project Manager Initial: _____</td> <td style="width: 32%;">Tech Services Initial: _____</td> </tr> </table>					Complete Submission Received:	Date: _____	Project Manager Initial: _____	Tech Services Initial: _____
Complete Submission Received:	Date: _____	Project Manager Initial: _____	Tech Services Initial: _____					

Note: OPUCN will provide an offer to connect within 60 days of receiving complete information. OPUCN will add your project to the queue and then proceed with an Offer to Connect or Confirmation. This process will begin upon receipt of a complete submission from the Customer's Project Manager. Any revisions to the above information made by the customer may be treated as a new submission received at the date of revision depending on the effect the revision has on the design or requirements.

AUTOCAD REQUIREMENTS:

Please provide the following information on unique layers in a 1:1 scaled AutoCAD™ 2016 or earlier file:

- | | |
|--|---|
| <input type="checkbox"/> Lot Lines
<input type="checkbox"/> Road
<input type="checkbox"/> Poles
<input type="checkbox"/> Sidewalk
<input type="checkbox"/> Trench
<input type="checkbox"/> Lot and/or block Numbers | <input type="checkbox"/> Driveway
<input type="checkbox"/> Transformer
<input type="checkbox"/> Curb
<input type="checkbox"/> Buildings
<input type="checkbox"/> Street Names
<input type="checkbox"/> Municipal Address |
|--|---|

Revisions		
Item #	Description	Date Received

Customer Signature (required): _____

Date: _____