

## BUILDING #3 - WORK ORDER 1 - PART C



## EVERSOURCE Electric - Work Order Application

**Customer Request In-Service Date:** Nov 1, 2017 **EVERSOURCE WO Received Date:** \_\_\_\_\_

**Service Address:** Street: 65-69 Lewis Street Suite: \_\_\_\_\_ Town: East Boston Zip: 02128

**Note all items in red are required**

**Customer of Record:**

**Customer Responsible for Payment of Monthly Electric Bills**

Name to appear on Monthly Bill: \_\_\_\_\_

DBA – C/O Name: Lend Lease Clippership Wharf LLC

Billing Address: 20 City Square, Charlestown, MA 02129

Telephone: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Existing Account or Meter Number (if applicable): \_\_\_\_\_

**Property Owner Name (if different from above):** \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

**Party Responsible for Construction costs associated with work order (if different from above)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please Note that Articles of Incorporation are required for new commercial EVERSOURCE Customers**

**Type of Service Requested: (Circle Appropriate)**

☒ New Service      Service Upgrade      Service Relocation      Temporary Service  
☐ Pole Relocation      Disconnect/Reconnect      Service Removal      Metering Only  
☐ OH Service from Pole, Pole# : \_\_\_\_\_ ☒ UG Service from; Riser-Pole # : \_\_\_\_\_ ☒ Padmount # : \_\_\_\_\_

**Customer Loading**

Type of Load	New Connected Load in KVA (KVA values only, not amps) Numerical Value( Do Not Check The Box)	
	Single Phase	Three Phase
Lighting		400
Electric heat		
Air Conditioning		350
Refrigeration		
Cooking		
Electric Dryer		400
Water Heater		
Computer		
Process Equip.		
Motors/Elevators		200
Miscellaneous		
<b>Totals</b>		<b>1350</b>

**Brief Description of Work**

Bldg 3 – 80 residential units, 1 retail space, and house. Underground service from pad mounted transformer. Individual unit metering. Gas heat, hot water, cooking. Electric cooling.

**Number of Meters Required:**

Residential: 80      Commercial: 2      Public: \_\_\_\_\_  
 Main Switch Voltage: 120/208      Amperage: 2000      Phase: 3  
 Service Voltage: 120/208      Amperage: 2000      Phase: 3  
 Facility Type (ie: school, hospital): Residential/retail \_\_\_\_\_ New Building Square Feet: 80000

If more than 1 meter is required, how will meters be labeled? (ie: Unit 1, 2, etc, Unit A, B, etc.)

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**ATTN: Sondy Jean  
Laquita Sanders****Additional Equipment:****Generator:** KW: \_\_\_\_\_ Phase: \_\_\_\_\_ Purpose: \_\_\_\_\_**Motor(S) :** Total # : 6 Largest HP: 25 Phase: 3 Locked Rotor AMP: 400  
Type of Starting Compensation (choose one): Hard Soft Capacitor VFD

\*See Article 802 of EVERSOURCE Information and Requirements Book for Maximum LR current and Three Phase Protection \*

**Contact Name (circle appropriate):**

Customer/Contractor/Consultant: \_\_\_\_\_

Street Address: 88 Black Falcon TerminalCity, State, Zip: Boston, MA 02210Telephone: \_\_\_\_\_ Best Time to Call: 8-5, M-F

Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Electrician: \_\_\_\_\_ License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

**Please note that by Interconnecting with EVERSOURCE's Distribution System the Customer of Record acknowledges that they have reviewed and are in compliance with the EVERSOURCE Information & Requirements for Electric Service (Red Book).**For **New Commercial Services, New Residential Developments, New 13.8 kv Two Line Station Electric Service**, please provide (2) copies of City/Town approved site plans that illustrates the new facility location and the proposed location of the new utilities (electric, gas, water, sewer, telecommunications) and a One-Line Diagram.For **Service Increases** at existing facilities, please submit a One-Line Diagram if available.For **New Residential Services where a pole must be set**, please provide (2) copies of a site plan that illustrates the proposed location of the new facilities.For **Temporary Service Requests**, please provide (2) copies of a site plan illustrating service location.You may **Fax** this Form or mail any additional correspondence to:**EVERSOURCE Electric and Gas**  
**1 NSTAR Way**  
**Westwood, MA, 02090**  
**ATTN: Sondy Jean/Laquita Sanders**  
**Tel: (781) 441- 3318/(781) 441-3433**  
**Fax: (781) 441-8721****FOR EVERSOURCE USE ONLY**

EVERSOURCE Revenue Allowance: \_\_\_\_\_ EVERSOURCE Rate: \_\_\_\_\_

**KVA or KW rating of Existing Loads (if applicable):**

Existing Winter Peak Demand: \_\_\_\_\_ Month/Date/Year: \_\_\_\_\_

Existing Summer Peak Demand: \_\_\_\_\_ Month/Date/Year: \_\_\_\_\_

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**IDENTIFICATION OF METER SOCKETS (Required for Multiple Meters)**  
**Form M-13**

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_ Work Order # \_\_\_\_\_

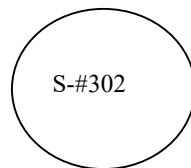
Town \_\_\_\_\_

#	#	#	#	#	#	#
#	#	#	#	#	#	#
#	#	#	#	#	#	#

**NOTE:** This form must be completed and returned before any meters can be installed. **EACH** meter position must be marked according to EVERSOURCE/Electric's *Information & Requirements for Electric Service*. Labeling on this sheet must agree with the labeling on the meter sockets. Fill in the number of circles to correspond with the number of meter sockets

**Section 708. Identification of Meter Sockets**

Sample



Please complete and submit this form for each meter location for multi-unit buildings

Electrician \_\_\_\_\_ Telephone # \_\_\_\_\_ License # \_\_\_\_\_

Requested date of Meter Installation \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_