



PORT OF OAKLAND

Application for New/Upgraded Utility Service

Please fill out this application and submit the completed form to the Port Permit Department or your Port representative. The Port will respond to this application with comments and applicable charges, if any, as soon as the requested information stated in this application is provided.

Project Information

Project Name: _____

Project Address / Location: _____ City: _____ Zip: _____

Applicants Name: _____

Name of Tenant: _____

Building Permit Number (if applicable): _____

Name of your Port Contact: _____

Date you will begin Construction: _____

Date service needed on site: _____

Applicant Contact Information

Name of Project Contact: _____

Day Phone: (____) _____ Fax: (____) _____ Email address: _____

Mailing Address: _____ City: _____ Zip: _____

If Applicable:

Consultant's name: _____ Consultant's Phone: (____) _____

Consultant's Address: _____ City: _____ Zip: _____

Contractor's name: _____ Contractor's Phone: (____) _____

Contractor's Address: _____ City: _____ Zip: _____

Electric Load Information

Main switch/circuit breaker Size (amps): _____

Identify Requested Service:

- 120/240, 3-wire, 1Ø 120/208, 3-wire, 1Ø 120/240, 4-wire, 3Ø 120/208, 4-wire, 3Ø
 277/480, 4-wire, 3Ø 4.16 KV Primary voltage 12.47 KV Primary Voltage

Anticipated Peak Demand (kW): _____

Power usage information:

Single Largest 1Ø Motor: _____ hp Single Largest 3Ø Motor: _____ hp

Reduced voltage starting? Yes No

Single Largest 1Ø Air Conditioner: _____ Tons _____ FLA

Single Largest 3Ø Air Conditioner: _____ Tons _____ FLA

Interior Lighting: _____ kW Outdoor Lighting _____ kW Other Lighting: _____ kW

No. of 1Ø Motors: _____ Motors at _____ hp each.

No. of 3Ø Motors: _____ Motors at _____ hp each.

Other electric motors (specify): _____

Other electric load (specify): _____

Please provide motor codes {see NEC Table 430-7(b)} for motors 25 hp and greater: _____

Water Service Information

Meter Location: _____

Meter Size:

Domestic Water: _____, GPM: _____,

Anticipated maximum monthly domestic water usage: _____ Gallons

Irrigation Water: _____, GPM: _____ Fire Service (line size): _____

Wastewater Discharge Information:

Max. Capacity of Occupants: _____ Type of Business: _____

Fixture quantity: Toilet(s): _____ Sink(s): _____ Showers(s): _____

Kitchen(s) : _____ Urinal: _____

Other (specify): _____

Applicant's (or Consultant's) Signature: _____ **Date:** _____

Applicant's (or Consultant's) Name (Print): _____

Title: _____