



PPL companies

Electrical Load Data Sheet

Please Provide Two Copies of Site Plan



PPL companies

*Facility Name: _____ *Date: _____

*Address: _____ *City/State/Zip: _____

*Directions or nearest intersecting street: _____

This sheet should be submitted in addition to the LGE Gas Load Data Sheet if applicable. This sheet does not fulfill the requirement of an application for service. You must contact LGE or KU Customer Service @ 800-331-7370 or 800-383-5582 to apply.

Please fax your completed load sheet to 502-217-2083 or email at new.biz@lge-ku.com. The appropriate locator/designer will contact you concerning your project submittal. *Items with an asterisk * are required information*, failure to provide this information may result in delays regarding your project.

Electric Service Data

Service Request Type: New Construction Existing Overhead to Underground Conversion

Anticipated Service Date for Permanent Service: _____ Temporary Service Needed: Yes No Date: _____

Electric Service Type: Overhead Underground (padmount) Underground (splice box)

*Entrance Size: _____ A Conduit # & Diameter: _____ Conductor Size/# of Sets: _____

Facility Type: Multi-Family Residential Commercial Industrial Municipal

Facility Comments for Multi-Family (e.g. # of units per building): _____

Facility Total Sq-Ft (as per building): _____ # of Floors: _____ Sq-Ft of Comfort Conditioned Area: _____

Facility Heated with: Gas Electric Water Heating: Gas Electric Tons-A/C: _____ # of Units: _____

This facility's intended use will be (e.g. residential, office space etc.)? _____

Load & Voltage Data

Service Types Available				
Service Voltage/Type	Please Check Type			
	LGE		KU	
	OH	UG	OH	UG
<input type="checkbox"/> 120/240V 1Ø 3w	YES	YES	YES	YES
<input type="checkbox"/> 120/208v 3Ø 4w	YES	YES	YES	YES
<input type="checkbox"/> 240v 3Ø 3w	YES	NO	NO	NO
<input type="checkbox"/> 120/240v 3Ø 4w	NO	NO	YES	YES
<input type="checkbox"/> 277/480v 3Ø 4w	NO	YES	YES	YES
<input type="checkbox"/> 480v 3Ø 3w	YES	NO	NO	NO
Other _____				
What will be the true estimated peak demand for this service in _____ kW?				

Connected Loads	1 Phase kW	3 Phase kW
Space Heating	_____	_____
A/C Heat Pump	_____	_____
Air Handler	_____	_____
Lighting	_____	_____
Water Heating	_____	_____
Cooking	_____	_____
Refrigeration	_____	_____
Welding+	_____	_____
Misc./Recept/LEV	_____	_____
Total	_____	_____

+ may require special consideration

Distribution Transformer Information: Phase _____ Size _____ Quantity _____

MOTOR DATA:

Largest Motor: _____ Reduced Start: Yes No Type if Yes: _____

HP: _____ Voltage: _____ Phase: _____ Part Winding & Ratio: _____ Wye-Delta

FLA: _____ LRA: _____ Solid State Ramp Setting %: _____ Current Limit %: _____

Other, please describe: _____ Autotransformer & Tap Setting %: _____

Contact Information*

*Customer/Owner: _____ *Contractor/Developer: _____

*Phone: _____ Email: _____ *Phone: _____ Email: _____

*Address: _____ *Address: _____

*City/State/Zip: _____ *City/State/Zip: _____

Comments: _____

*Submitted By: _____ Date: _____



a PPL company

Gas Load Data Sheet

Please Provide Two Copies of Site Plan



a PPL company

*Facility Name: _____ Date: _____

*Address: _____ City/State/Zip: _____

*Directions or nearest intersecting street: _____

This sheet should be submitted in addition to the LGE/KU/ODP Electric Load Data Sheet if applicable. This sheet does not fulfill the requirement of an application for service. You must contact LGE-KU Customer Service to apply.

Please fax or email your completed load sheet to 502-217-3000 or new.biz@lge-ku.com. The appropriate locator/designer will contact you concerning your project submittal. **Items with an asterisk * are required information**, failure to provide this information may result in delays regarding your project.

Preliminary Construction Bid Use Construction Revision Final Construction

Note: All preliminary submissions must be resubmitted as final when the customer applies for service. All plan revisions that affect total loading must be resubmitted.

Service Request Type: New Construction Existing Construction

This facility's intended use will be (e.g. residential, office space etc.)? _____

If requesting new service installation, please confirm that the following has been completed:

- PVC, Schedule 40 sleeve installed (check with locator for proper sizing dimension)
- Pull rope and caution tape installed
- Sleeve has elbows installed at each end and are at least 18" above grade
- House lines installed, stubbed outside and hold pressure test
- Estimated Length of Service Line = _____ feet

If requesting higher than standard delivery pressure, please explain the need for this requested pressure and attach the equipment specification required: _____

Total Gas Connected Loads (TCL) on Property

	Building 1	Building 2	Building 3	Building 4
* Requested House Line Delivery Pressure <i>Please Check oz. or psig</i>	(<input type="checkbox"/> oz./ <input type="checkbox"/> psig)	(<input type="checkbox"/> oz./ <input type="checkbox"/> psig)	(<input type="checkbox"/> oz./ <input type="checkbox"/> psig)	(<input type="checkbox"/> oz./ <input type="checkbox"/> psig)
Gas Load Type	(BTUH)	(BTUH)	(BTUH)	(BTUH)
Space Heating, Comfort Conditioning, Make Up Air				
Water Heaters				
Boilers				
Cooking Equipment				
Production/Manufacturing Process Equipment				
Other				
Emergency/Standby Electricity Generators				
Full Time Electricity Generators				
Fire Place				
* Total Connected Meter Load (TCL)				

Contact Information*

*Customer/Owner: _____ *Contractor/Developer: _____

*Phone: () - Email: _____ *Phone: () - Email: _____

*Address: _____ *Address: _____

*City/State/Zip: _____ *City/State/Zip: _____

Comments: _____

*Submitted By: _____ Date: _____