



An Exelon Company

APPLICATION FOR ELECTRIC SERVICE

You may also fill out the application directly online at: <https://webapps2.atlanticcityelectric.com/login/CRW/>

The company reserves the right to cancel this request if no further communication is received from the customer **within 90 days** of Atlantic City Electric response date.

To help avoid delays in processing your application, **if applicable**, submit a site plan or sketch showing all facilities and obstructions. Incomplete information on the paper application may result in a delay in processing your request for service.

| APPLICANT INFORMATION (If owner is the applicant-please provide your electrician's or contactor's information) | ADDRESS OF PROPERTY TO BE SERVED |
|---|--|
| Name _____ Contractor <input type="checkbox"/> Electrician <input type="checkbox"/> Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other <input type="checkbox"/> Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Alt. Phone _____ Fax _____ Email _____ | Property Owner's Name _____ Street Address _____ Apt. No. _____ City _____ State _____ Zip _____ Block _____ Lot _____ Existing Account No. _____ Phone No. _____ Fax _____ Email _____ |

| TYPE OF REQUEST | PERMANENT BILLING ADDRESS |
|--|--|
| New Service <input type="checkbox"/> Temporary <input type="checkbox"/> Lighting <input type="checkbox"/> Upgrade/Heavy-Up <input type="checkbox"/> Electric Vehicle <input type="checkbox"/> Facility Relocation <input type="checkbox"/> Other <input type="checkbox"/> _____ Proposed In-Service Date: ____ / ____ / ____ Remove Temp Pole when permanent is installed: YES <input type="checkbox"/> NO <input type="checkbox"/> | Name _____ Street Address _____ Apt. No. _____ City _____ State _____ Zip _____ Phone _____ Alt. Phone _____ Email _____ |

| TYPE OF SERVICE | ADDRESS FOR CONSTRUCTION COSTS (If Applicable) |
|---|--|
| Overhead <input type="checkbox"/> ACE Underground <input type="checkbox"/> Customer Owned Underground <input type="checkbox"/> Other _____ Nearest Pole _____ | Name _____ Street Address _____ Apt. No. _____ City _____ State _____ Zip _____ Phone _____ |

| SERVICE TERMINATIONS (If you are installing more than one piece of service termination equipment, please submit a breakdown of the connected load behind each switchboard.) | VOLTAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|-------------------------|-----------------|------------------|-------|-------|----------------|-------|-------|----------------|-------|-------|----------------|-------|-------|--|--|----------|-----|----------------------|--|-----------------------|----------------------|--|-----------------------|-----------------------|--|-----------------|
| <table border="1"> <thead> <tr> <th>Service</th> <th>Service Equipment Type*</th> <th>Capacity (amps)</th> </tr> </thead> <tbody> <tr> <td>Existing Service</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>New Service #1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>New Service #2</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>New Service #3</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p style="font-size: small;">*May include Switchboards w/BIC, mainline switches, CT Cabinets, Transockets, or Meter Sockets</p> | Service | Service Equipment Type* | Capacity (amps) | Existing Service | _____ | _____ | New Service #1 | _____ | _____ | New Service #2 | _____ | _____ | New Service #3 | _____ | _____ | <table border="1"> <thead> <tr> <th></th> <th>Existing</th> <th>New</th> </tr> </thead> <tbody> <tr> <td>120/240 1phs, 3 wire</td> <td></td> <td>120/208 3 phs, 4 wire</td> </tr> <tr> <td>120/208 1phs, 3 wire</td> <td></td> <td>277/480 3 phs, 4 wire</td> </tr> <tr> <td>120/240 3 phs, 4 wire</td> <td></td> <td>Primary Voltage</td> </tr> </tbody> </table> | | Existing | New | 120/240 1phs, 3 wire | | 120/208 3 phs, 4 wire | 120/208 1phs, 3 wire | | 277/480 3 phs, 4 wire | 120/240 3 phs, 4 wire | | Primary Voltage |
| Service | Service Equipment Type* | Capacity (amps) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Existing Service | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Service #1 | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Service #2 | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Service #3 | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Existing | New | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120/240 1phs, 3 wire | | 120/208 3 phs, 4 wire | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120/208 1phs, 3 wire | | 277/480 3 phs, 4 wire | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120/240 3 phs, 4 wire | | Primary Voltage | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PRIMARY SITE USE | | |
|---|---|--|
| RESIDENTIAL <input type="checkbox"/> Single House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Other <input type="checkbox"/> _____ No. of Units _____ Conditioned Square _____ Footage/Unit _____ sq. ft. | SUBDIVISION <input type="checkbox"/> No. of Single Family Homes _____ No. of Townhomes _____ No. of Apartments/Condos _____ No. of Other Units _____ Total Units/Lots _____ Project Name _____ | COMMERCIAL <input type="checkbox"/> Store <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Restaurant <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Office <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Warehouse <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Condo <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Apartment <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Other <input type="checkbox"/> _____ Total conditioned sq. ft. _____ No. of units _____ |



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PRIMARY SITE USE *(continued)*

Please provide a description of your project: **INDUSTRIAL** **OTHER**

LOAD INFORMATION

| | | |
|--------------------------------------|------------------------------------|--------------------------|
| Lighting _____ kW | Water Heating _____ kW | Largest Motor _____ hp |
| Air Conditioning _____ tons | Elevators _____ kW | Misc. Power _____ kW |
| Electric Heat Pump _____ tons | Number of Elevators _____ | Total hp Motors _____ hp |
| Electric Resistance Heating _____ kW | Backup Resistance Heating _____ kW | |

Additional information for design consideration (Special site considerations, additional load info, etc.):

[Return completed application to Atlantic City Electric by email or fax to the corresponding office at:](#)

Cape May District

Atlantic City Electric
420 N Route 9
Cape May Courthouse, NJ 08210-1952
Phone: (609) 463-3823
Fax: (609) 463-3832
CMCH@atlanticcityelectric.com

Pleasantville District

Atlantic City Electric
2542 Fire Road
Egg Harbor Twp, NJ 08234-5661
Phone: (609) 645-4667
Fax: (609) 645-4788
NewBusinessPleasantville@atlanticcityelectric.com

West Creek District

Atlantic City Electric
457 Main Street
West Creek, NJ 08092
Phone: (609) 294-6727
Fax: (609) 294-6757
WestCreekNB@atlanticcityelectric.com

Glassboro District

Atlantic City Electric
428 Ellis Street
Glassboro, NJ 08028
Fax: (856) 863-7979
Glassboro
Phone: (856) 863-7906
Bridgeton
Phone: (856) 863-7926
NewBusinessGlassboro@atlanticcityelectric.com

Winslow District

Atlantic City Electric
Williamstown Junction
295 N Grove Street
Berlin, NJ 08009
Phone: (856) 753-2808
Fax: (856) 753-2828
NewBusinessWinslow@atlanticcityelectric.com

Applicant's Name

Date

Company Name

For Office Use Only

