



ELECTRIC DEPARTMENT

P.O. BOX 190
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COMMISSIONERS:
Dick Marron, Chair
Mary Lintermann
Larry Lackey

GENERAL MANAGER
Ellen Burt

LINE EXTENSION / LINE RELOCATION APPLICATION

I or we, _____, hereby apply for a line extension from the power lines of the Town of Stowe Electric Department (hereinafter referred to as "Stowe Electric"), where said lines run close to my premises. (Stowe Electric reserves the right to approve or disapprove any proposed line location.)

I understand that I am required to sign this agreement to pay the total cost of providing the service extension less the credit for the service drop as explained by Stowe Electric.

I understand that I will be required to pay up front a \$200 non-refundable application fee. This fee will be credited toward the actual costs upon completion or forfeited if I do not proceed with the line extension.

I understand that I will be required to pay actual costs of the following materials and labor to bring service to my facility. These costs will be billed upon completion of the line extension construction.

- Poles
- Primary Wires
- Right of Way
- Right of Way Clearing
- Trenching
- Blasting and/or Backfilling
- Service Wires & Equipment

PLEASE ANSWER THESE QUESTIONS:

1. Location of Property:
 - a) Name of Town/Village: _____
 - b) Town highway number: _____
 - c) Name of Road: _____
2. Nearest Pole Number: _____
3. Date Service is Needed: _____

4. Type of Service: (check one)

- a) Residential
- b) Commercial
- c) Industrial
- d) Farm

5. Size of Service:

- a) 100 Amp
- b) 200 Amp
- c) other _____ Amp

Voltage (check one)

- a) 120/240 V - 3 wire
- b) 120/208Y - 4 wire
- c) 120/240 V - 4 wire
- d) 277/480Y - 4 wire

6. Location of Service and Meter: (check one)

- a) Aerial (overhead) service with meter on house
- b) Underground service with meter on the pole
- c) Underground service with meter on pedestal

Note:

Aerial Service - Maximum distance 100' from pole to house, over 100' additional poles required.
 Underground Service - Maximum distance 250' from meter to the house.

7. Additional information:

a) Type of heat: (check one)

- 1) Oil
- 2) Gas
- 3) Electric
- 4) Other: _____

b) Workshop: YES NO
 If yes, type of equipment (table saw, welder, drill press): _____

c) Home Industry YES NO
 If yes, type: _____

8. Do you intend to install a backup/auxiliary generator?

- YES
- NO

If answered yes, Stowe Electric requires the installation of equipment to prevent back-feed.

Customer Name (PLEASE PRINT): _____

Customer Address (PLEASE PRINT): _____

Customer Telephone Number: _____

DATE: _____

SIGNATURE: _____