



Appendix M – RMLD

LOAD DATA SHEET

RMLD



RMLD LOAD DATA SHEET

UAN# _____

Sheet ____ of ____

Please Attach Two Copies of Site Plan

One Per Building/Lot

Please be as specific as possible

Facility Name: _____

Date: _____

Address: _____

City/State/Zip: _____

--- ELECTRIC SERVICE DATA ---

Service Request Type: ☐ New Construction ☐ Existing ☐ Overhead to Underground ConversionConstruction: ☐ Single Family ☐ Multi-Family ☐ Apartment ☐ URD☐ Commercial ☐ Industrial ☐ OtherElectric Main: ☐ 100 A ☐ 200 A ☐ 400 A ☐ 800 A ☐ _____

Number of Meters at this address: _____ Unit ID: _____

Anticipated Service Date: _____ Temporary Electric Service: ☐ Yes ☐ NoElectric Service Type: ☐ Overhead ☐ Underground Primary ☐ Underground Secondary

Entrance Size (Amps): _____ A Conduit #/Dia: _____ / _____ Conductor #/Size: _____ / _____ (AWG/kcm)

Metering Comments: _____

Facility Has a Total of _____ Sq-Ft of Floor Area on _____ Floors of Which _____ Sq-Ft is Area Comfort Conditioned

Basement/Attic/Other Living Space Not Included Above: ☐ No ☐ Yes (_____ Sq-Ft Finished, _____ Sq-Ft Unfinished)Facility Heated With: ☐ Gas ☐ Electric Facility Has _____ Tons of Cooling Capacity Using _____ Unit(s)

Service Entrance Pipe Size: _____ Inches

--- VOLTAGE AND LOAD DATA ---

Requested Service

Voltage/Type

	OH	UG
<input type="checkbox"/> 120/240V 1-Phase, 3 Wire	Yes	Yes
<input type="checkbox"/> 208/120V 3-Phase, 4-wire	Yes	Yes
<input type="checkbox"/> 240/120V 3-Phase, 4-wire	Yes	Yes
<input type="checkbox"/> 480/277V 3-Phase, 4-wire	Yes	Yes
Other _____	Yes	Yes

Data for the Largest Motor

HP: _____ Voltage: _____ Phase: _____

FLA: _____ LRA: _____

Reduced Voltage Starting: ☐ Yes ☐ No (List Type If Yes)(Type Reduced Start) ☐ Part Winding: (Ratio _____ - _____)☐ Solid State (Ramp Setting _____ % Current Limit _____ %)

Connected Loads	1-Phase kW	3-Phase kW	Office Use Only
Space Heating	_____	_____	_____
A/C/Heat Pump	_____	_____	_____
Air Handlers	_____	_____	_____
Lighting	_____	_____	_____
Water Heating	_____	_____	_____
Cooking	_____	_____	_____
Refrigeration	_____	_____	_____
Welding**	_____	_____	_____
Misc. / Recept.	_____	_____	_____
TOTAL:	_____	_____	_____

** May Require Special Consideration

☐ Wye-Delta ☐ Autotransformer (Tap Setting _____ %)☐ Other, Describe: _____

--- CONTACT INFORMATION ---

* Load Data Sheet Completed By: (sign below)

Name: _____

Address: _____

Address: _____

Cell Phone: _____ Alt: _____

Owner/Developer

Name: _____

Address: _____

Address: _____

Cell Phone: _____ Alt: _____

Electrical Contractor Daytime Phone: _____ Alt: _____

Name: _____ City: _____ State: _____

Address: _____ ZIP: _____

--- COMMENTS/ ADDITIONAL INFORMATION ---

Comments: _____

*Completed By: _____

Date: _____

Return To: RMLD
230 Ash St
Reading, MA 01867Evaluated By: _____
Phone #: _____
RMLD Return Letter Date: _____RETAIN THIS SHEET, FILE IT
WITH COMPLETED WORK ORDER
(PERMANENT FILE)