

**P.S.C. NO. 3 ELECTRICITY**  
**ORANGE AND ROCKLAND UTILITIES, INC.**  
 INITIAL EFFECTIVE DATE: July 1, 2017

LEAF: 190  
 REVISION: 1  
 SUPERSEDING REVISION: 0

## GENERAL INFORMATION

### 14. FORM OF APPLICATION FOR SERVICE (Continued)

#### 14.1 APPLICATION FOR NEW RESIDENTIAL CONSTRUCTION



845-577-3324 All Offices  
 390 West Route 59 Spring Valley, NY 10977 845-577-3319 Fax  
 500 Route 208 Monroe, NY 10950 845-783-5504 Fax  
 71 Dolson Ave. Middletown, NY 10940 845-342-8939 Fax

JOB NUMBER: \_\_\_\_\_  
 SEND JOB NUMBER TO: \_\_\_\_\_ ELECTRICIAN \_\_\_\_\_ APPLICANT  
 FAX: \_\_\_\_\_

#### Application for New Residential Construction

Please provide all information requested below to avoid returned applications.

Please circle one: Mr. Mrs. Miss. Ms. Dr. Pres.

Applicant/Business Name: \_\_\_\_\_

Principal Party: \_\_\_\_\_ Email Address: \_\_\_\_\_

Service Address (911): \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Tax District: \_\_\_\_\_ School Tax District: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nearest Cross Road/Directions: \_\_\_\_\_

#### SERVICE INFORMATION

Electric Service Requested: (Please consult with your electrical contractor) ☐ Overhead ☐ Underground

Voltage: \_\_\_\_\_ Amps: \_\_\_\_\_ Phase: \_\_\_\_\_

Pole Number: (10 digits, Yellow and Black) \_\_\_\_\_ / \_\_\_\_\_ Number of Meters: \_\_\_\_\_

Check if appointment is needed (Disconnect/Reconnect) ☐ Yes ☐ No

Appliance Usage: Heating System: ☐ Electric ☐ Gas ☐ Oil ☐ Propane ☐ Other (describe): \_\_\_\_\_

Water Heating: ☐ Electric ☐ Gas ☐ Oil ☐ Propane ☐ Other (describe): \_\_\_\_\_

Will there be any electrically operated life support equipment in this home? ☐ Yes ☐ No ☐ Don't know

If yes, please specify the type of equipment: \_\_\_\_\_

Gas Service (Please consult with your plumbing contractor): ☐ New ☐ Upgrade

Heating BTU: \_\_\_\_\_ Hot Water BTU: \_\_\_\_\_ Cooking BTU: \_\_\_\_\_ Other BTU: \_\_\_\_\_

Total BTU Input per Meter: \_\_\_\_\_

Place an X at your proposed service entrance below



Front

Under certain conditions, O&R will conduct an initial inspection of the installation to verify compliance with its specifications for electrical installations. If the installation is not in compliance with its specifications, O&R will not initiate service and the Company may assess a re-inspection fee for any re-inspections of the installation.

Indicate electric and/or gas locations on sketch identified as "House". O&R reserves the right to determine meter/service locations. All meters shall be installed outdoors.

Issued By: Timothy Cawley, President, Pearl River, New York