

COMMERCIAL APPLICATION

our mission is our members



Dear Applicant:

Thank you for contacting Inland Power and Light and inquiring about a new or upgraded commercial business service. We have provided the following checklist to assist you in providing the correct documentation required to process your application. Additional information can be found in Inland Power's Electric Service Handbook at www.inlandpower.com.

- 1. **\$500.00 Non-refundable Engineering Fee**
We accept cash, check or money order.

- 2. **Completed Commercial Business Application**
Enclosed in packet.

- 3. **Copy of one of the following legal descriptions:**
 - Recorded Warranty Deed
 - Schedule A of Final Title Insurance Policy
 - Quit Claim DeedPlease attach to the enclosed easement; this will be used as Exhibit A.

- 4. **Notarized Easement**
Corporate Easement for Washington enclosed in packet. Additional easements are available at www.inlandpower.com or call (509) 252-4564. All legal property owners must sign this document **exactly as it appears on the property deed**. IPL has a Notary available. Any third party easements are the responsibility of the applicant to obtain and submit to Inland Power and Light. Inland Power will assist in the process of providing a blank easement for signature; however it is the applicant's responsibility to work with land owners. All easements will be recorded by Inland Power and Light.

- 5. **Plat of Project**
 - Electronic (Auto-CAD format required, email to craign@inlandpower.com) - IF APPLICABLE

Physical Address:
10110 W Hallett Rd.
Spokane, WA 99224

Please mail application to:
PO Box A
Spokane, WA 99219

Email:
inlandpower@inlandpower.com

Design Dept. Phone:
(509) 747-7151
FAX (509) 789-4229

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Please submit with this form an **Electronic CAD file** of your preliminary plat. CAD file can be emailed to craign@inlandpower.com

Member Information

* ALL FIELDS ARE REQUIRED

* **Applicant/Owner Name:** _____ **Joint Name:** _____

* **Development Name (if applicable)** _____

* **Mailing Address:** _____

* **Phone Numbers** Work _____ Cell _____ * **Email:** _____

* **Contractor:** _____ * **Contractor Phone#:** _____

Excavator's Name: _____ Phone: _____

Engineering Co.: _____ Phone: _____

Site Information

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

* **Nearest Intersection:** _____ * **Parcel:** _____

* **IPL Pole Number (3" metal numbers/letters):** _____

* **# of parcels/lots:** _____ * **Size of parcels:** _____ (acres) * **Approximate square feet of home:** _____

Service Requested

- Overhead Underground Single Phase 3 Phase Electrical Service Entrance Site: _____ AMP
 Multi meter install Existing service upgrade Line extension in excess of one mile

Notice to Developer

- A pre-design meeting may be required on all developments.
- Inland Power requires a minimum of eight weeks to process a design and complete an invoice after CAD drawing of final plat is received in our office. (Revisions made to original design will incur additional fees.)
- Quoted fees are good for thirty (30) days unless the initial design of the job changes.
- Line extension fees and required easements will be received by Inland Power before installation of facilities can be scheduled. Allow plenty of notice for scheduling as Inland may need to order material for your specific job, which can take several weeks to arrive.
- A pre-construction meeting with a developer, excavator and Inland Power is required before electric facilities are installed.
- * _____ (initial) I have reviewed and signed the attached excavation requirements and final grade certification.

I have read the above information and wish to request that Inland Power proceed to design and invoice me for the installation of electric facilities on the above referenced property.

Developer

Date

Authorized Representative

Date

For office use only

WO# _____ IPL# _____ TWP _____ WHS _____ RGE _____ SEC _____

District _____ County _____ Deposit Paid: _____

Engineer: _____ Appointment Date: _____

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Forward to: _____
Field Engineer

Service Address/Street Number: _____

	Name	Name of contact	Phone
Owner			
General Contractor			
Electric Contractor			
Consultant			
Customer			

Type of business: _____

Comments: _____

LOAD DETAILS (If more than one building, please designate as A, B, C, etc.)

Connected Electric Heating Load ----- _____ kW
 Connected Lighting Load ----- _____ kW
 Connected Motor Load ----- _____ kW
 Connected Other Load (specify) ----- _____ kW
Total Connected Load ----- _____ kW

 Initial Building Demand ----- _____ kW
 Future Building Demand ----- _____ kW
Total Motor Demand Load ----- _____ kW

 Largest Electric Motor ----- _____ HP
 Main Switch Size ----- _____ amp
 Secondary Voltage Desired ----- _____ volt
 ----- phase (1 or 3)
 ----- wires (3 or 4)

Operating hours per day: _____

of electric meters required: _____ Building square footage: _____ Building is heated by: Electric

Gas
 Other _____

Two copies of the following plans are required:

- Site plan showing electric room and profile to street and/or lane.
- Electrical drawings including single line diagram, metering room and equipment details.
- Civil drawings showing water, sanitary and storm sewers.
- Excavation drawings.
- One copy of legal plan.

Submitted by: _____

Date: _____

Phone #: _____

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The undersigned hereby applies for membership in Inland Power & Light Company and in consideration of being accepted as a member, agrees to comply with the cooperative's articles of incorporation, bylaws, rules, regulations and policies adopted by the board of trustees, and other laws or legally binding agreements regarding the cooperative, as they now exist or as hereafter amended.

Thank you!

Credit Information

* ALL FIELDS ARE REQUIRED

* **Company Name:** _____

* **Phone Number:** _____

* **Company Phone Number:** _____

* **Email:** _____

Persons to contact regarding this account

* **Local Representative:** _____

* **Phone Number:** _____

* **Accounts Payable Contact:** _____

* **Phone Number:** _____

* **Business Designation:** Proprietorship Partnership Corporation LLC

Tax ID #: _____

* **Date business was established:** _____

* **Type of business or service provided:** _____

* **Inland Power membership #:** _____

Print Name

Date

Authorized Signature

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