

LINCOLN ELECTRIC COOPERATIVE, INC.
Commercial / Industrial
Application for Line Extension Cost Summary

Business Name _____ Ind. SIC Code _____
Corporation or Partnership Name _____
Mailing Address _____
Phone _____ Fax _____ Cell Phone _____
Contractor _____ Phone _____ Cell Phone _____
Electrician _____ Phone _____ Fax _____

Line Extensions require a field survey prior to preparing a cost summary. The \$250.00 engineering deposit is nonrefundable but will be applied to Contribution in Aid of Construction or required fees if line is built within 24 months of engineering deposit.

Description of Service Applied for:

<input type="checkbox"/> Overhead	<input type="checkbox"/> 200 Amp	<input type="checkbox"/> 1 Phase	<input type="checkbox"/> 120/208 V
<input type="checkbox"/> Underground	<input type="checkbox"/> 400 Amp	<input type="checkbox"/> 3 Phase	<input type="checkbox"/> 120/240 V
	<input type="checkbox"/> Above 400 Amp		<input type="checkbox"/> 277/480 V
			<input type="checkbox"/> 480V

Please list improvements that have been, or will be made, to property such as well, septic system, buildings, etc.

Estimated Completion Date: _____

Initial connected load information (KW):	Accessory _____	A/C _____
	Lighting _____	Motor (HP) _____
	Heating _____	Largest Motor(HP) _____
	Estimated peak KW _____	

<i>Future</i> connected load information (KW):	Accessory _____	A/C _____
	Lighting _____	Motor(HP) _____
	Heating _____	Largest Motor(HP) _____
	Estimated peak KW _____	

Security Lighting: (unmetered) 100W HPS (\$6.50/mo) 250W HPS (\$8.50/mo)

Type of Product being manufactured or sold: _____

Anticipated time of Operation: _____ (a.m./ p.m.) to _____ (a.m./ p.m.) Shift #1 _____
_____ (a.m./ p.m.) to _____ (a.m./ p.m.) Shift #2 _____

Days of Operation: _____ thru _____

Give Legal description of property (Provide Copy of Warranty Deed/ Plat Map)

Township_____ Range_____ Section_____

Land Description per deed or tax notice _____

Physical Address of Property _____

If property is owned by someone other than party making application for service, give landowner:

Name_____ Tel. No. _____

Address:_____

Is applicant: Present LEC member Former LEC member To be a new LEC member_____

Name_____ Date_____ Witness_____

NEW SERVICE – CONSUMER CHECKLIST

STEP I – APPLICATION FOR SERVICE:

1. Survey Fee – \$250.00:
 - Fee will be applied to your costs if you take service.
 - Fee applicable for 24 months.
 - Non-Refundable if you choose not to go ahead with construction.
2. Consumer completes Information sheet.
3. Consumer receives Line Extension Policy.

STEP II – FIELD SURVEY WITH ENGINEER:

1. At this time, specific questions can be answered on site by Engineer. Engineer will explain clearing requirements consumer is responsible for.
 - A. Overhead – 30 ft. corridor for 1-phase; 40 ft. corridor for 3-phase.
 - B. Underground – 15ft. corridor (stumps may need to be removed).
2. Additional fee of \$150.00 will be required for necessary permits. (USFS, State Forest, BNRR, etc)
3. After meeting Engineer on site, cost summary and paperwork will be mailed to consumer.

STEP III – REQUIREMENTS PRIOR TO CONSTRUCTION:

1. Consumer completes and signs all paperwork and returns to our office with the necessary fees.
 - A. All paperwork and fees must be in office before any work is released for construction.
 - B. Any necessary easements must be in office (it is the consumer responsibility to obtain easements).
NOTE: Should USFS, State of BN permits be required, the Engineer will secure them, however, all costs will be absorbed by consumer. This is a lengthy process, plan ahead.
 - C. All clearing must be completed (by Consumer).

OTHER COSTS CONSUMER MAY INCUR:

1. Electrical Permit (Montana Department of Labor & Industry)
 - Montana State Requirement.
 - It is the consumer's responsibility to obtain an electrical permit. They must also supply LEC with a copy of their permit. Job will not be released for construction without proof of an electrical permit.
2. Permits (USFS, State Lands, Burlington Northern)
3. LEC Fee Requirement: Advance Payment (Equal to two months estimated billing).