



Single Family Residence Project Data Sheet

Site Address: _____

Assessor's Parcel Number(s): _____

Owner/Contractor:

Name: _____

Address: _____

Phone: _____

Email (if available) _____

Project Representative (to whom correspondence will be sent, if different from above):

Name: _____

Address: _____

Phone: _____

Email (if available) _____

SIZE OF RESIDENCE: _____ square feet of living space

MAXIMUM DOMESTIC DEMAND: _____ gallons per minute

FIRE SPRINKLER SYSTEM TYPE (Glycol, Gas Charged, etc.) _____

HEATING SYSTEM TYPE (Forced Air, Hydronics, etc.) _____

Upon submittal of this document, the District shall review the availability of fire flow to the project site and respond in writing.

All projects shall be subject to the District's requirements regarding backflow prevention and cross-connection control. The District may require additional information and/or field inspections to determine compliance with the backflow prevention requirements. The District shall have complete authority regarding the determination of adequacy of the existing water system facilities.

I agree to the terms and conditions herein stated.

Owner/Contractor/Project Representative (*Printed Name*)

Owner/Contractor/Project Representative (*Signature*)

Date

TABLE A 103.1 WATER SUPPLY FIXTURE UNITS (WSFU) AND MINIMUM FIXTURE BRANCH PIPE SIZES

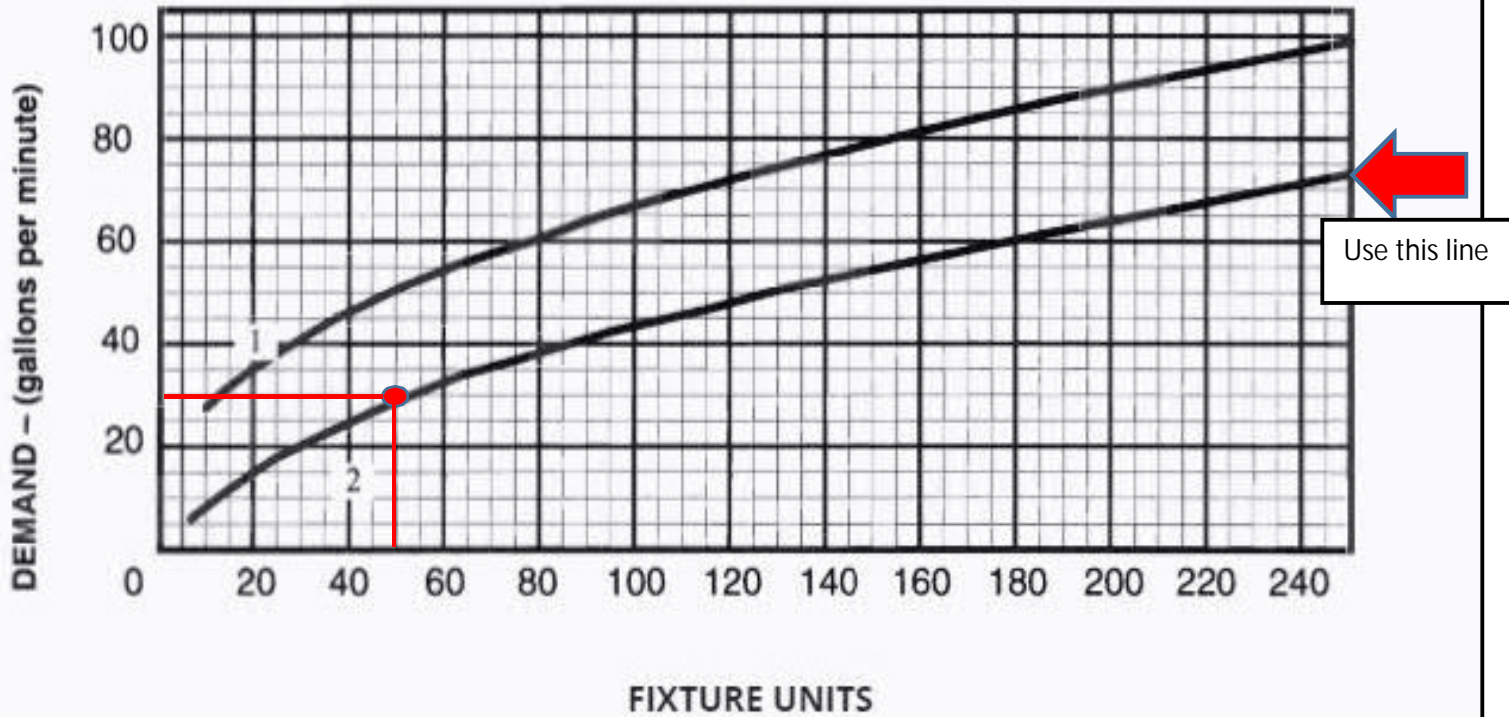
***USE THIS FORM TO CALCULATE THE VALUE FOR MAXIMUM DOMESTIC DEMAND ON**

THE WATER PROJECT DATA SHEET *

		A	B	C
APPLIANCES, APPURTENANCES, OR FIXTURES ²	MINIMUM FIXTURE BRANCH PIPE SIZE ^{1,4} (inches)	Private	# of Fixtures in the Building	Fixture Units (Multiply "Private" by "# Fixtures") A X B=C
Bathtub or Combination Bath/Shower (fill)	1/2	4.0		
3/4 inch Bathtub Fill Valve	3/4	10.0		
Bidet	1/2	1.0		
Clothes Washer	1/2	4.0		
Dishwasher, domestic	1/2	1.5		
Hose Bibb	1/2	2.5		
Hose Bibb, each additional	1/2	1.0		
Lavatory (bathroom sink)	1/2	1.0		
Lawn Sprinkler, each head	-	1.0		
Mobile Home, each (minimum)	-	12.0		
Sinks	-	-		
Bar	1/2	1.0		
Kitchen, domestic	1/2	1.5		
Laundry	1/2	1.5		
Service or Mop Basin	1/2	1.5		
Shower per head	1/2	2.0		
Urinal, flush tank	1/2	2.0		
Water Closet (toilet) , 1.6 GPF or Less Gravity Tank	1/2	2.5		
Column C Total Fixture Units. Use this value for "Fixture Units" on x-axis on graph below.	Do not Use			

Example- If you have 2 bath/shower combos you will multiply the #2 by the "private" multiplier of 4 to get a value of 8. If you have 4 toilets you will multiply the #4 by the "private" multiplier of 2.5 to get a total of 10. Add up your totals from the Fixture Unit column and plug it into the x-axis on the graph below.

CHART A 103.1 (2)
ENLARGED SCALE DEMAND LOAD



Example- If your sum total of all the calculated fixture units for the home was 45, find it on the x-axis (bottom line) and follow it up until you hit the first drawn-in line on the graph. Then follow the grid to the left to get your "Demand" or **Maximum Domestic Demand** value that you will need to enter on page 2 of the Water Project Data Sheet, Attachment A. In this example that value would be 30.

Cust# _____
 Acct# _____
 SML# _____



For District Use Only	
Plans _____	TPP _____
O/H _____	U/G _____

TRUCKEE DONNER PUBLIC UTILITY DISTRICT
 11570 DONNER PASS RD, TRUCKEE, CA 96161
 (530) 587-3896 FAX (530) 550-1968
 EMAIL: NEW CONSTRUCTION@TDPUD.ORG

APPLICATION FOR RESIDENTIAL NEW CONSTRUCTION

SERVICE ADDRESS _____

Street No. & Name Assessor's Parcel Number Unit/lot # Subdivision

SITE & ELEVATION PLANS ARE REQUIRED UPON SUBMITTAL OF THIS APPLICATION

Owner/Contractor Name _____ Phone # _____ Building Permit # _____

Applicant Name		Cell Phone #	
Social Security #	Date of Birth	Driver's License #	State
Mailing Address	City	State	Zip
E-Mail Address		Alternate Phone #	
Employer	Employer Address	Employer Phone #	
Additional Applicant Please indicate: _____ Spouse _____ Co-Tenant _____ Co-Owner			
Applicant Name		Cell Phone #	
Social Security #	Date of Birth	Driver's License #	State
Mailing Address	City	State	Zip
E-Mail Address		Alternate Phone #	
Employer	Employer Address	Employer Phone #	

I hereby request electric and/or water service to the premises described above and agree to pay the applicable rates and abide by the resolutions, ordinances, rules and regulations of the District. I owe no monies to the District either directly or indirectly under the above name or any other name in which arrangements for payment in full have not been made. I agree that the District is not responsible for damage caused by or resulting from conditions or circumstances beyond its control including, but not limited to, storms, lightning, floods, fires, vandalism, discontinuance of power from the District's supplier or wiring or plumbing on the premises not owned by the District or for damage caused by or resulting from disconnection of services for any legal reason.

I understand that I am responsible for all utility bills until such time as I notify the District to discontinue utility service in my name. In the event that collection proceedings are commenced to collect any unpaid charges, I agree to pay all court costs and a fair and reasonable attorney's fee. The District reserves the right to refuse service or to discontinue service to any customer if all of the above conditions are not accepted and required information is not furnished; if the customer misrepresents the conditions for which service is being requested; or if it is learned at any time that the transfer of service has been requested in order to avoid payment of outstanding charges on the above account.

Important: At any time when freezing weather may occur, all water pipes and appliances should be drained to prevent damage to your property. The District accepts no liability for such damages when its service to your property has been disconnected for any legal reason.

DATE _____ **AUTHORIZED BY** _____ **ADDITIONAL APPLICANT** _____

ELECTRIC FEES:

CONNECTION FACILITIES OTHER PANEL AMPS WORK ORDER DATE PAID

WATER FEES:

CONNECTION FACILITIES OTHER METER SIZE WORK ORDER DATE PAID



**ELECTRIC
RESIDENTIAL SERVICE CONNECTION AGREEMENT**

1. **Prior to any construction for electric facilities, a pre-construction meeting will be required at the job site. Site & elevation plans are required upon submittal to schedule the pre-construction meeting.** The District shall approve the location of the service and provide routing from our service point to the main electric service. A District representative will call the contact information listed below to schedule the pre-construction meeting.
2. I agree service connections will be done per all District Electric Construction Standards. Site and elevation plans are required upon submittal of a new construction application.
3. I agree to notify a District representative to schedule an underground open trench inspection prior to backfilling the utility trench. See District Standards UBOX-S1, UBOX-S1A, UR-S, UT-S1, UT-S2 or UT-S3.
4. I agree the electric service panel must be installed to District Standards M-1.1, M-1.2, US-1 or OHS-1 in order to be connected. The electric panel must be inspected and approved by the appropriate governing agency before the service will be connected.
5. I agree a decorative or recessed enclosure, if needed, will be done per the District Construction Standards M-1A or M-1B.
6. I agree a temporary electric service, if needed, will be done per the District Construction Standards OTP-1 or UST-1.
7. I agree additional charges may be incurred in order to connect the service if excavation or snow removal is required (District's cost for staff and equipment).
8. I understand an electric customer charge will begin from the date the meter is installed, regardless of use.

Signed

Contact Name for pre-construction meeting

Print Name

Contact Phone

Date



RESIDENTIAL SINGLE FAMILY ELECTRIC LOAD & PLANNING SHEET

Date Plans Received _____

Contractor/ Customer _____ Phone _____

Sub/Unit/Lot _____ Address _____

Overhead Underground Temporary Construction Power Required? Yes No

Main Panel Size: 200 400 # of Panels: _____ Additional Panel Size: _____

Solar Required? Yes No Estimated Size: _____

Backup Generator? Yes No Battery? Yes No

Residence Square Footage or Multi-Unit Individual Unit Square Footage _____

Appliances & Equipment (Check Electric and/or Gas)	<u>ELECTRIC</u>	<u>GAS</u>
Water Heating	_____	_____
Cooking	_____	_____
Dryer	_____	_____
Electric Vehicle Outlet	_____ KW Demand	
Well Pump	_____ HP	_____
Space Heating	_____	_____
Air Conditioning	_____ Tons	_____
Motors	_____ HP	_____
Welder	_____	_____
Misc Equipment	_____ HP	_____

Do Not Write Below This Line - For TDPUD use only

Panel Location Approved? Yes / No _____ Approved by: _____ Date: _____

Service Length O/H or U/G _____ Existing T/F Size _____ # of Customers on T/F _____

Service Size _____ Mid Span _____ Span of Secondary _____

Pole Drop _____ Pole # _____ Secondary Pole _____