



Project Information Sheet

PLEASE PRINT CLEARLY

PROJECT ID: _____
NVE use only

Project Title: _____ DATE SUBMITTED: ____/____/____

- Request for (check one) **Formal Planning Package (Specific Requirements to Serve)**
 Power Availability (Information Only) **Red Line Request**
 Upgrade Existing Service(s) **Will Serve Letter**

Your **completed** submittal, including all exhibits, can be delivered to the New Development Center at **6275 W Sahara Avenue**, or faxed to us at **(702) 402-8495**. **Incomplete applications will not be accepted, and will be returned to you for re-submittal.** If you have questions or need additional information, please contact our New Development Center at **(702) 402-8400**.

Is this project part of a Master Plan? MP Name: _____ Project ID#: _____
 Professional Engineer: _____ State: _____ License#: _____ Phone#: _____

CUSTOMER/LEGAL OWNER(RESPONSIBLE PARTY on CONTRACTS)

Name: _____ Responsible Party: _____
 Mailing Address: _____ E-mail: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Fax: _____

PLEASE DO NOT INCLUDE CONSULTANT or REPRESENTATIVE INFORMATION IN THIS SECTION

3rd PARTY CONTACT (CONSULTANT/ELECTRICIAN)

Contact Name: _____ E-Mail: _____
 Company Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Fax: _____

IF NOT SAME AS OWNER ABOVE PLEASE ATTACH NV ENERGY AUTHORIZATION LETTER

PARCEL NUMBERS

PROJECT LOCATION (addresses or cross streets)

Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family					<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial						
Please check one:		Panel Size	Voltage/ # Phases	Total # of Panels	Meters Per Panel	Please check one:		Panel Size	Voltage/ # Phases	Total # of Panels	# Meters Per Panel
Ex	New					Ex	New				
Single Family				Multi Family		ESTIMATED CONSTRUCTION START DATE: ____/____/____					
Number of Homes				Number of Buildings:				PROJECTED ENERGIZE DATE: ____/____/____			
MAX A/C Tonnage Per Home				Number of Units/ Bldg				ESTIMATED PROJECT BUILDOUT DATE: ____/____/____			

IS THIS IS A PHASED PROJECT? YES NO A PROJECT WITH MULTIPLE PHASES **REQUIRES** A DETAILED PHASING PLAN/ABSORPTION SCHEDULE. CONTACT THE NEW DEVELOPMENT CENTER COORDINATOR FOR ADDITIONAL DETAILS.

TEMPORARY CONSTRUCTION POWER

TEMPORARY POWER NEED DATE: ____/____/____

PANEL SIZE _____
 VOTAGE: _____ PHASE: _____



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PROJECT DESCRIPTION (Large Projects)

Please Complete and Attach an Electrical Load Worksheet
(EXHIBIT "B")

Are you aware of any of the following conflicts?

(These may delay construction of your project)

Environmental _____ Street/Highway _____ SNWA _____

Federal Land Issues _____ Railroad (UPRR) _____ FCC _____

BIA/Tribal Land _____ High Pressure Gas Lines _____ O/H Utilities _____

Right of Way/ Easement _____

NVE USE ONLY:

CROSS REFERENCE ALL INQUIRES WITH MASTER PLAN BOUNDRIES ON MAPPING SYSTEM?

MP NAME: _____ PROJECT ID: _____

IS THERE A POSSIBLE TRANSMISSION CONFLICT: WITHIN THE PROJECT LIMITS AND/OR ACROSS THE STREET?

YES ___ NO ___

IF YES, HAS CUSTOMER HAS BEEN GIVEN TRANSMISSION CONFLICT SUBMITTAL INFO? YES ___
NO ___



NV ENERGY CONSULTANT/ THIRD PARTY CONTACT AUTHORIZATION FORM

The following Customer/Legal Owner
Mailing Address:
Phone Number: E-Mail:

Authorizes:
(Consulting company/Agent)
Mailing Address:
Phone Number: E-Mail Address:

to represent the above Company for the following project:
and to act on the behalf of the above Company to perform the following actions:

- Communicate/submit all information relevant to the project to NV Energy.
Pick up and deliver contracts.
Communicate and authorize all change requests.
To sign all non-monetary legal forms.
To sign monetary legal forms.
To represent and be the sole contact with NV Energy on behalf of the above Company.

This authorization will remain in place until completion of the above referenced project, unless otherwise notified in writing from the Company/ Owner/Developer/or Customer.

(Notary Required)

By:
(Company/Developer/ Owner Signature)

State of
County of

Title:
Date:

On this day of, 20,
personally appeared before me,
a Notary Public,
who acknowledged to me that they executed
the foregoing instrument.

NOTARY PUBLIC