



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 ___