



An Exelon Company

APPLICATION FOR ELECTRIC SERVICE

You may also fill out the application directly online at: <https://webapps2.atlanticcityelectric.com/login/CRW/>

The company reserves the right to cancel this request if no further communication is received from the customer **within 90 days** of Atlantic City Electric response date.

To help avoid delays in processing your application, **if applicable**, submit a site plan or sketch showing all facilities and obstructions. Incomplete information on the paper application may result in a delay in processing your request for service.

APPLICANT INFORMATION (If owner is the applicant please provide your electrician's or contactor's information)		ADDRESS OF PROPERTY TO BE SERVED																																
Name _____ Contractor <input type="checkbox"/> Electrician <input type="checkbox"/> Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other <input type="checkbox"/> Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Alt. Phone _____ Fax _____ Email _____		Property Owner's Name _____ Street Address _____ Apt. No. _____ City _____ State _____ Zip _____ Block _____ Lot _____ Existing Account No. _____ Phone No. _____ Fax _____ Email _____																																
TYPE OF REQUEST		PERMANENT BILLING ADDRESS																																
New Service <input type="checkbox"/> Temporary <input type="checkbox"/> Lighting <input type="checkbox"/> Upgrade/Heavy-Up <input type="checkbox"/> Electric Vehicle <input type="checkbox"/> Facility Relocation <input type="checkbox"/> Other <input type="checkbox"/> _____ Proposed In-Service Date: ____ / ____ / ____ Remove Temp Pole when permanent is installed: YES <input type="checkbox"/> NO <input type="checkbox"/>		Name _____ Street Address _____ Apt. No. _____ City _____ State _____ Zip _____ Phone _____ Alt. Phone _____ Email _____																																
TYPE OF SERVICE		ADDRESS FOR CONSTRUCTION COSTS (If Applicable)																																
Overhead <input type="checkbox"/> ACE Underground <input type="checkbox"/> Customer Owned Underground <input type="checkbox"/> Other _____ Nearest Pole _____		Name _____ Street Address _____ Apt. No. _____ City _____ State _____ Zip _____ Phone _____																																
SERVICE TERMINATIONS (If you are installing more than one piece of service termination equipment, please submit a breakdown of the connected load behind each switchboard.)		VOLTAGE																																
<table border="1"><thead><tr><th>Service</th><th>Service Equipment Type*</th><th>Capacity (amps)</th></tr></thead><tbody><tr><td>Existing Service</td><td>_____</td><td>_____</td></tr><tr><td>New Service #1</td><td>_____</td><td>_____</td></tr><tr><td>New Service #2</td><td>_____</td><td>_____</td></tr><tr><td>New Service #3</td><td>_____</td><td>_____</td></tr></tbody></table> <p>*May include Switchboards w/BIC, mainline switches, CT Cabinets, Transockets, or Meter Sockets</p>		Service	Service Equipment Type*	Capacity (amps)	Existing Service	_____	_____	New Service #1	_____	_____	New Service #2	_____	_____	New Service #3	_____	_____	<table border="1"><thead><tr><th>Existing</th><th>New</th><th>Existing</th><th>New</th></tr></thead><tbody><tr><td>120/240 1phs, 3 wire</td><td></td><td>120/208 3 phs, 4 wire</td><td></td></tr><tr><td>120/208 1phs, 3 wire</td><td></td><td>277/480 3 phs, 4 wire</td><td></td></tr><tr><td>120/240 3 phs, 4 wire</td><td></td><td>Primary Voltage</td><td></td></tr></tbody></table>		Existing	New	Existing	New	120/240 1phs, 3 wire		120/208 3 phs, 4 wire		120/208 1phs, 3 wire		277/480 3 phs, 4 wire		120/240 3 phs, 4 wire		Primary Voltage	
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PRIMARY SITE USE																																		
RESIDENTIAL <input type="checkbox"/> Single House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Other <input type="checkbox"/> _____ No. of Units _____ Conditioned Square _____ Footage/Unit _____ sq. ft.		SUBDIVISION <input type="checkbox"/> No. of Single Family Homes _____ No. of Townhomes _____ No. of Apartments/Condos _____ No. of Other Units _____ Total Units/Lots _____ Project Name _____ _____																																
		COMMERCIAL <input type="checkbox"/> Store <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Restaurant <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Office <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Warehouse <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Condo <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Apartment <input type="checkbox"/> Total conditioned sq. ft. _____ No. of units _____ Other <input type="checkbox"/> _____ Total conditioned sq. ft. _____ No. of units _____																																



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PRIMARY SITE USE *(continued)*

Please provide a description of your project: **INDUSTRIAL** ☐ **OTHER** ☐

LOAD INFORMATION

Lighting _____ kW	Water Heating _____ kW	Largest Motor _____ hp
Air Conditioning _____ tons	Elevators _____ kW	Misc. Power _____ kW
Electric Heat Pump _____ tons	Number of Elevators _____	Total hp Motors _____ hp
Electric Resistance Heating _____ kW	Backup Resistance Heating _____ kW	

Additional information for design consideration (Special site considerations, additional load info, etc.):

[Return completed application to Atlantic City Electric by email or fax to the corresponding office at:](#)

Cape May District

Atlantic City Electric
420 N Route 9
Cape May Courthouse, NJ 08210-1952
Phone: (609) 463-3823
Fax: (609) 463-3832
CMCH@atlanticcityelectric.com

Pleasantville District

Atlantic City Electric
2542 Fire Road
Egg Harbor Twp, NJ 08234-5661
Phone: (609) 645-4667
Fax: (609) 645-4788
NewBusinessPleasantville@atlanticcityelectric.com

West Creek District

Atlantic City Electric
457 Main Street
West Creek, NJ 08092
Phone: (609) 294-6727
Fax: (609) 294-6757
WestCreekNB@atlanticcityelectric.com

Glassboro District

Atlantic City Electric
428 Ellis Street
Glassboro, NJ 08028
Fax: (856) 863-7979
Glassboro
Phone: (856) 863-7906
Bridgeton
Phone: (856) 863-7926
NewBusinessGlassboro@atlanticcityelectric.com

Winslow District

Atlantic City Electric
Williamstown Junction
295 N Grove Street
Berlin, NJ 08009
Phone: (856) 753-2808
Fax: (856) 753-2828
NewBusinessWinslow@atlanticcityelectric.com

Applicant's Name _____

Date _____

Company Name _____

For Office Use Only