



Electric Service Planning Application (ESPA)

Refer to the Austin Energy Design Criteria Manual

Fill out one ESPA per main disconnect or distribution enclosure. Review of this application may result in a request for additional information.

The form must be filled out completely and submitted via the online intake form here: [Distribution Design Intake Form](#)

I. Service Area			
A map of service areas can be found at http://www.austinenergy.com .			
All services equal to or under 350A single-phase or 225A three-phase	All service <u>over</u> 350A single-phase or 225A three-phase		All services in the downtown Network area
<input type="checkbox"/> Development Assistance Center 505 Barton Springs Road Ph: 512-978-4000 aebspaespa@austinenergy.com	<input type="checkbox"/> North: Kramer Service Center Ph: 512-505-7181	<input type="checkbox"/> South: St. Elmo Service Center Ph: 512-505-7682	<input type="checkbox"/> Downtown Network Ph: 512-505-7682
Small Cell: Submit ESPA online at Small Cell Web Form Distributed Generation: Use Distributed Generation Planning Application (DGPA)			

II. Customer & Project Information

<i>(a) Customer Information:</i>	
Contact Name: _____ Title: <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Electrical Contractor <input type="checkbox"/> Other _____	
Phone: _____ Fax: _____ Email: _____	
Signature: _____ Date: _____	
<i>(b) Project Information:</i>	<i>(c) Project Type:</i>
Project Name: _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Remodel/Rebuild
911 Service Address: _____	<input type="checkbox"/> Dual Feed <input type="checkbox"/> Small Cell
Nearest Intersection: _____	Estimated Service Need Date: _____
Service Provider: <input type="checkbox"/> Austin Energy <input type="checkbox"/> Other _____	<i>(d) Service Duration:</i>
	<input type="checkbox"/> Permanent Service <input type="checkbox"/> Construction Power/Temporary Service (less than 24 months)

III. Electrical Information

Refer to the appropriate table in the Austin Energy Criteria Manual for available electric services.

<i>(a) Type of Service Requested:</i>	<i>(b) Service Voltage Requested:</i>	<i>(c) Main Disconnect (1st interrupting device) or Distribution Enclosure size (total of all meters):</i>
<input type="checkbox"/> Overhead Service	<input type="checkbox"/> 120/240 V, 1 ϕ , 3-Wire	<input type="checkbox"/> 100 Amps <input type="checkbox"/> 350 Amps <input type="checkbox"/> 1200 Amps
<input type="checkbox"/> Secondary Riser	<input type="checkbox"/> 120/240 V, 3 ϕ , 4-Wire (Overhead or secondary riser only)	<input type="checkbox"/> 150 Amps <input type="checkbox"/> 400 Amps <input type="checkbox"/> 1600 Amps
<input type="checkbox"/> Underground Service	<input type="checkbox"/> 120/208V, 3 ϕ , 4-Wire	<input type="checkbox"/> 200 Amps <input type="checkbox"/> 800 Amps <input type="checkbox"/> 2000 Amps
<u>Downtown Network Options:</u>	<input type="checkbox"/> 120/208V, 1 ϕ , 3-Wire (Network Only)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Network Transformer Vault	<input type="checkbox"/> 277/480 V, 3 ϕ , 4-Wire	Note: Austin Energy may size equipment based on empirical data and not necessarily per the main disconnect size.
<input type="checkbox"/> Network Underground Secondary	<input type="checkbox"/> 7200/12470 V (Primary Meter)	
<i>(d) Additional Service & Electrical Load Information:</i>		<i>(e) New Meter Size(s):</i>
Building Use (Residential, Warehouse, Restaurant, Retail, Office, Mixed Use, etc.): _____		1. Meter Can Size _____ (amps) x # Meters _____
FT ² /Average Unit: _____ # Units: _____ Total Building FT ² : _____		2. Meter Can Size _____ (amps) x # Meters _____
Fuel Type: <input type="checkbox"/> All Electric <input type="checkbox"/> Gas & Electric Total NEC Calculated Load: _____		3. Meter Can Size _____ (amps) x # Meters _____
Service Wire Type, Size, & Quantity: _____ Service Length: _____		(For multiple meters attach a list of unit #'s.)
		Number of Existing Meters: _____

Any change to the above information requires a new ESPA.

<i>For internal use only</i>	<input type="checkbox"/> Design Required <input type="checkbox"/> Service Only
<i>Approval Verification Stamp</i>	
AE Rep: _____ Phone: _____ Date: _____	
Comments: _____	

For internal use only – Metering Department; Ph: 512-505-7045

Metering CT's Required: Yes No Size CT's: _____

For internal use only – Permitting Department; 505 Barton Springs Rd; 1st Floor; Ph: 512-978-4000

Electric Permit #: _____