LCEC
PEOPLE. POWER. POSSIBILITIES.

Application for TEMPORARY-TO-PERMANENT (SWINGOVER)
* Application must be complete, or it will not be accepted *

Location

- Address _____ Zip Code _____

☐ **NAME (Builder or Owner/Builder)** _____

LCEC Account Number _____

Billing Address _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Field Supervisor Name _____ Cell Phone Number _____

Electrical Contractor Name _____ Phone Number _____

Cell Phone Number _____

Desired Date for Permanent Service (month/day/year)

/ /

Permanent Service

☐ Overhead
☐ Underground
☐ Customer Installed Trench and Conduit
☐ LCEC Installed Trench and Conduit

Requested Voltage

☐ 120/240V – 1ph
☐ 120/208V – 1ph (condos with 3ph service)

Will this location have a Renewable Generation System?
☐ Yes ☐ No

- Is the T-pole on site? ☐ Yes ☐ No

Service Details

- Permit Number _____
- County _____
- Total A/C Square Footage _____
- Number of A/C Units _____ Size _____ Tons

- Main Panel Size _____ Amps
- Heat Strip Size _____ KW

Please fax this form to 239-656-1889 or visit our web site www.lcec.net