**FOR PANEL: Required** **Received by F&I:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send Applications to: AVCommittees@portseattle.org**

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| **SECTION 1 *(to be completed by POS Project Manager)*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Project/Tenant Information** | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | **Required** | **CIP #** |  | | | **Project #** | | | | **Required** | | | | **Activity** | | |  | | | | **Phase** | | **Required** |
| **Project Title** | | | **Required** | | | | | | | | | | | | | | | | | | | | |
| **Project Description** | | | **Required** | | | | | | | | | | | | | | | | | | | | |
| **Drawings to Design Review** | | | Yes |  | | No | |  | |  | | | | | | | | | | | | | |
| **Project Submitted to Electrical Design Review:** | | | Yes |  | | No | |  | | **Date** | | | |  | | | | | | | | | |
| **Breaker Reservation** | | | Yes |  | | No | |  | | **Sticker #** | | | | **(Required for all Port-owned buildings)** | | | | | | | | | |
| **Airport Tenant Company** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Contact Person** | | |  | | | | | | | **Phone:** | | | |  | | | | | **Fax:** |  | | | |
| **Address** | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | ***Street Address City State Zip Code*** | | | | | | | | | | | | | | | | | | | | |
| **Billing Address** | | |  | | | | | | | | | | | | | | | | | | | | |
| ***Street Address City State Zip Code*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Sponsor** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Location of Service** | | |  | | | | | | | | | | | | | | | | | | | | |
| **POS Project Manager** | | |  | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2 *(to be completed by consultant)*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Consultant Information** | | | | | | | | | | | | | | | | | | | | | | | |
| **Design Firm** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Design Project Manager** | | |  | | | | | | | | | | | **Phone:** | | | | |  | | | | |
| **Lead Design Engineer** | | |  | | | | | | | | | | | **Phone:** | | | | |  | | | | |
| **REQUIRED DOCUMENTS** *(must be included)* | | | | | | | **REQUIRED IF APPLICABLE** *(check boxes to indicate documents included w/ application)* | | | | | | | | | | | | | | | | |
| Electrical Load Calculations | | | | | | | Conduit & Wire Schedule | | | | | | | | | | | Pre-design Electrical Load Study | | | | | |
| Electrical Panel Schedule | | | | | | | Electrical One-Line Diagram | | | | | | | | | | | Proposed Equip & Luminaire Submittals | | | | | |
| General Arrangement Drawing | | | | | | | Lighting Calculations | | | | | | | | | | | Spot Meter Readings, Summary is OK | | | | | |
| 30 Day Meter Readings, Summary is OK | | | | | | | Voltage Drop Calculations | | | | | | | | | | | Site Plan & Building Plan | | | | | |
| **Connection Details** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Load Requirements: Type electrical description here.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **New Load** | | | | **Removed** | | | | **Net Added Load** | | | | | | | | | |
| **Connected KVA:** | | | | | | **Required** | | | | **Required** | | | | **Required** | | | | | | | | | |
| **Demand KVA:** | | | | | | **Required** | | | | **Required** | | | | **Required** | | | | | | | | | |
| **Emergency KVA:** | | | | | | **Required** | | | | **Required** | | | | **Required** | | | | | | | | | |
| 1. **Schedule Design Completion Date:** | | | | | | | | | |  | | | | | | | | | | | | | |
| 1. **Schedule Need Date for Power Connection** | | | | | | | | | |  | | | | | | | | | | | | | |
| 1. **Permanent Load** | | | | | | **YES** | | |  | **NO** | |  | |  | | | | | | | | | |
| **5. Temporary Load** | | | | | | **YES** | | |  | **NO** | |  | | **Disconnect Date/or Duration:** | | | | | | | | **Required** | |
| **6**. **Revenue Meter Requirement** | | | | | | **YES** | | |  | **NO** | |  | |  | | | | | | | | | |
| **7. Estimated Power Factor** (.95 Port Standard) | | | | | | | | |  | | | | | | | | | | | | | | |
| **8. Power Factor Correction Added?** | | | | | | | | | **YES** | |  | | **NO** | | |  | | | | | | | |
| **9. Are Harmonic Generating Loads Present?** | | | | | | | | | **YES** | |  | | **NO** | | |  | | | | | | | |
| ***If Yes, Actions Taken to Prevent Harmonics Problems*** | | | | | | | | | | | | |  | | | | | | | | | | |
| **10. Panel Serving Load** | | | | | | | | | | | | | **Required** | | | | | | | | | | |
| **10a. Existing 30 Day Demand Load** | | | | | | | | | | | | |  | | | | | | | | | | |
| **\*\*\**Or Current Panel Schedule (all loads identified)*** | | | | | | | | | | | | |  | | | | | | | | | | |
| **11. Identify Switchboard, Panel, or Transformer serving   panel in item #10** | | | | | | | | | | | | |  | | | | | | | | | | |
| **12. Identify Switchboard, Panel, or Transformer serving  panel in #11 (may be skipped if #11 is a transformer)** | | | | | | | | | | | | |  | | | | | | | | | | |
| **13. Underground Raceway Ampacity Optimization (Neher-Mcgrath)** | | | | | | | | | | | | | | |  | | | | | | | | |
| **14. Load Flow Analysis** | | | | |  | | | | | | | | | | | | | | | | | | |
| **15. Voltage Drop Calculation** | | | | |  | | | | | | | | | | | | | | | | | | |
| **16. Short Circuit Study** | | | | |  | | | | | | | | | | | | | | | | | | |
| **17. A final copy of “As-Built” system drawings must be provided to F & I at the conclusion of the project.** | | | | | | | | | | | | | | | | | | | | | | | |

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| **PREPARED BY** | | | | | |
| Printed Name: | **Required** | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |

**TECHNICAL REVIEWER**

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| **Application is:** | | | |
|  | **Approved** |  | **Approved as noted** *(see below)* |
|  | **Revise and Resubmit**  *(i.e. information is missing – see below)* |  | **Rejected**  *(i.e. source of panel is overloaded – see below)* |
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| **Aviation Facilities & Infrastructure** | | | | | |
| Printed Name: |  | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |

**UTILITIES REVIEWER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Application is:** | | | |
|  | **Approved** |  | **Approved as noted** *(see below)* |
|  | **Revise and Resubmit**  *(i.e. information is missing – see below)* |  | **Rejected**  *(i.e. one-line not provided – see below)* |
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| **Aviation Facilities & Infrastructure** | | | | | |
| Printed Name: |  | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |