

**PSC NO. 4 GAS**

**ORANGE AND ROCKLAND UTILITIES, INC.**

INITIAL EFFECTIVE DATE: February 28, 2021

LEAF: 112  
REVISION: 16  
SUPERSEDING REVISION: 15

**GENERAL INFORMATION****23. FORM OF APPLICATION FOR SERVICE****23.1 Application for New Residential Construction**

845-577-3324 All Offices  
390 West Route 59 Spring Valley, NY 10977  
500 Route 208 Monroe, NY 10950  
71 Dolson Ave. Middletown, NY 10940

845-577-3319 Fax  
845-783-5504 Fax  
845-342-8939 Fax

JOB NUMBER: \_\_\_\_\_

SEND JOB NUMBER TO: \_\_\_\_\_ ELECTRICIAN \_\_\_\_\_ APPLICANT

FAX: \_\_\_\_\_

**Application for New Residential Construction**

Please provide all information requested below to avoid returned applications.

Please circle one: Mr. Mrs. Miss. Ms. Dr. Pres.

Applicant/Business Name: \_\_\_\_\_

Principal Party: \_\_\_\_\_ Email Address: \_\_\_\_\_

Service Address (911): \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Tax District: \_\_\_\_\_ School Tax District: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nearest Cross Road/Directions: \_\_\_\_\_

**SERVICE INFORMATION**Electric Service Requested: (Please consult with your electrical contractor) ☐ Overhead ☐ Underground

Voltage: \_\_\_\_\_ Amps: \_\_\_\_\_ Phase: \_\_\_\_\_

Pole Number: (10 digits, Yellow and Black) \_\_\_\_\_ / \_\_\_\_\_ Number of Meters: \_\_\_\_\_

Check if appointment is needed (Disconnect/Reconnect) ☐ Yes ☐ NoAppliance Usage: Heating System: ☐ Electric ☐ Gas ☐ Oil ☐ Propane ☐ Other (describe): \_\_\_\_\_Water Heating: ☐ Electric ☐ Gas ☐ Oil ☐ Propane ☐ Other (describe): \_\_\_\_\_Will there be any electrically operated life support equipment in this home? ☐ Yes ☐ No ☐ Don't know

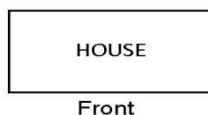
If yes, please specify the type of equipment: \_\_\_\_\_

Gas Service (Please consult with your plumbing contractor): ☐ New ☐ Upgrade

Heating BTU: \_\_\_\_\_ Hot Water BTU: \_\_\_\_\_ Cooking BTU: \_\_\_\_\_ Other BTU: \_\_\_\_\_

Total BTU Input per Meter: \_\_\_\_\_

Place an X at your proposed service entrance below



O&R will conduct an initial inspection of the installation to verify compliance with its specifications for electrical installations. If the installation is not in compliance with its specifications, O&R will not initiate service and the Company may assess a re-inspection fee for any re-inspections of the installation.

Indicate electric and/or gas locations on sketch identified as "House". O&R reserves the right to determine meter/service locations. All meters shall be installed outdoors.

Issued By: Robert Sanchez, President, Pearl River, New York  
(Name of Officer, Title, Address)

Suspended to 06/27/2021 by order in Case 21-G-0073. See Supplement No. 78. The supplement filing date was 02/26/2021.  
Suspended to 12/27/2021 by order in Case 21-E-0074. See Supplement No. 47. The supplement filing date was 06/08/2021.  
Suspended to 12/21/2021 by order in Case 21-G-0073. See Supplement No. 79. The supplement filing date was 06/08/2021.  
Suspended to 12/27/2021 by order in Case 21-G-0073. See Supplement No. 79. The supplement filing date was 06/08/2021.  
Suspended to 5/26/2022 by order in Case 21-G-0073. See Supplement No. 80. The supplement filing date was 12/01/2021.  
Cancelled by supplement No. 81 effective 04/21/2022