

130 N. Nottawa St. Sturgis, MI 49091 www.sturgismi.gov (269) 659-7287

# ELECTRIC DEPARTMENT MEDICAL MARIHUANA PRE-APPLICATION FOR ELECTRIC SERVICE

STEP 1:

## **Developer Information:**

## **Electrical Contractor Information:**

Name:	Name:
Telephone:	Telephon
Email:	Email:
Address:	Address:
City/State/ZIP:	City/State

# Service Location:

Address:	
City/State/ZIP:	
Subdivision / Lot:	
Project Name:	

Name:	
Telephone:	
Email:	
Address:	
City/State/ZIP:	
-	

## **Return Pre-Application to:**

City of Sturgis
130 North Nottawa Street
Sturgis, MI 49091
Attn: Electric Department

## **Project Information:**

Initial Electrical Demand, (kW):
Estimated Start Date:
Initial Number of Shifts:
Final Electrical Demand (kW):
Estimated Completion Date:
Number of Shifts:
Estimated Monthly Load Factor:

The Electric Department will determine the electric system's ability to deliver the capacity and energy as requested in the Application. If a system study is required to determine if electric system improvements are needed to meet the capacity and energy requirements at the site, the City will provide a cost estimate for the study and, if authorized below, the Developer shall pay for the study, in full, before the study is commenced. If electric system improvements are needed to meet the capacity and energy requirements at the site, the City will provide a cost estimate for those improvements. The Developer can then (a) agree to pay the cost for the system improvements, or (b) install on-site generation. On-site generation is subject to the requirements of the City's Utility Terms and Conditions.

The information on this application is correct to the best of my knowledge. I understand that any changes made to this information or attached documents may affect the time and cost required for the City of Sturgis Electric Department to provide requested service.

Developer/Agent	
Type or Print	

Signature (required)

Date

STEP 2:

Estimated cost of study: \$\_\_\_\_\_

Developer response to estimated study cost: (1) \_\_\_\_ accept and agree to pay; (2) \_\_\_\_\_ reject and withdrawl of Pre-Application

Developer/Agent Type or Print	Signature (required)	Date	
STEP 3:			·····
Estimated cost of system impro	ovements: \$		
	ted system improvement cost: (1) eneration; (3) reject and withdrawl		cost of system improvement; (2)
Developer/Agent Type or Print	Signature (required)	Date	
FOR CITY USE ONLY			
Notes:			
Approved Approved As Noted Denied	Name	Signature	Date