



Online State Permitting & Inspection System

Logged in as ehearn@bakerelectric.com ([Log out](#))

Your permit was successfully purchased. \$65 was charged to your card. Your permit number is #028884. Your transaction ID is 20101006132401821684000000. Please **print** this page for your records

Permit Information

Project Information

Project Title Lights in Anamosa
12664 Highway 151
Address Anamosa, IA 52205
Jones
Project Type non_structural
Utility Company Servicing Property Alliant Energy
Erin Hearn
515-241-9282

Paid via Credit Card

Account type: Contractor

Requester: Erin Hearn / ehearn@bakerelectric.com

Permit Items

Services

Amperage	Quantity	Cost	Total
200	1	\$35	\$35

Branch Circuits or Feeders



Interstate Power and Light Company and Wisconsin Power and Light Company are Alliant Energy companies

OWNER APPLICATION FOR

[Empty box for Business Name]

This box auto fills when the Business Name is entered in the Owner Information section.

This page to be completed by Owner or other Responsible Party.

Work Request No.	Eng. Tech./Const. Spec. Name	Customer Account No.	Map Location / TSN
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SITE INFORMATION

Address / Fire No. 12664	Street Hwy 151	Lot No.
City / Town / Village (check one and enter name) <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Aamosa		State Iowa
County Jones		Zip 52205
Development Name		
Business Type <input type="checkbox"/> Multi-Family (No. of Units. _____) <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial Building Size: 0 Total Sq. Ft. No. of Stories 0		
Business Function <input type="checkbox"/> Retail <input type="checkbox"/> Health Care <input type="checkbox"/> Industrial <input type="checkbox"/> Restaurant <input type="checkbox"/> Large Commercial <input type="checkbox"/> Education <input checked="" type="checkbox"/> Government SIC Code: _____		
Do you have a similar existing facility? <input checked="" type="checkbox"/> No Yes, supply the following information: Company Name Building Sq. Ft. Address City State		

NOTE: If existing facility is not an Alliant Energy customer, please attach copies of utility bills for this facility from the past 12 months.

OWNER INFORMATION

Business Name Iowa Department of Transportation	Federal Tax I.D. No. 426004226	Exempt? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Business Type <input type="checkbox"/> Limited Liability Corp. (LLC) <input type="checkbox"/> Incorporated (INC) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership government		
Mailing Address PO Box 325	City Ayersville	State IA Zip 52040-0325
Owner Name (Last/First/MI) Kloser Marton	Owner Phone No. (day) (563) 875-2375	Owner Phone No. (alternate/mobile) ()
Owner Social Security No. *	Owner Fax No. ()	Owner E-mail Address
Additional Contact Person Name	Phone No. (day) ()	Phone No. (alternate/mobile) ()

* NOTE: Federal I.D. No. is required to complete Turn On for (LLC) and (INC). Social Security No. is required for Sole Proprietorship and Partnership, along with Federal I.D. No., if available.

BUILDER/CONTRACTOR INFORMATION

Company Name Baker Electric	Federal Tax I.D. No.
Business Address 111 SW Jackson	City DSM State IA Zip 50317
Contact Person Name Dennis LAMOREUX	Phone No. (day) (515) 208-8194
Fax No. (515) 288-2226	Phone No. (alternate/mobile) (515) 208-8194
	E-mail Address dlam870@yahoo.com

BILLING INFORMATION

Who should be billed for electric/gas installation? <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Builder	Who should be billed for electric/gas usage during construction? <input checked="" type="checkbox"/> Builder <input type="checkbox"/> Building Owner
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Include a certified survey map and complete set of building plans, with electric and natural gas service locations, motor schedules, lighting schedules and mechanical schedules.

Send completed form, survey map, building plans, etc. to:

[Empty box for address]



COMMERCIAL, INDUSTRIAL, MULTI-FAMILY NEW CONSTRUCTION SERVICE APPLICATION AND AGREEMENT

ELECTRIC SERVICE REQUIREMENTS FOR

Interstate Power and Light Company and Wisconsin Power and Light Company are Alliant Energy companies

[Empty box for Business Name]

This box auto fills when the Business Name is entered in the Owner Information section on page 1.

This page to be completed by the Electrical Contractor.

ELECTRICAL CONTRACTOR INFORMATION

Electrical Contractor Business Name: Baker Electric; Contact Person Name: Dennis Lamoreux; Address: 111 SW Jackson; City: Des Moines; State: IA; Zip: 50315; Phone No. (day): (515) 208-8194; Phone No. (alternate/mobile): (515) 208-8194; Fax No.: (515) 288-2226; E-mail Address: dlam870@yohar.com

PERMANENT SERVICE

Estimated Date Permanent Electric Service Will Be Needed (MM/DD/YY): 10 / 15 / 2010; Service Size: 200 Amps; Voltage: 120/240 (1-PH only); Phase: Single; Service Type: Underground

TEMPORARY SERVICE (if required)

Estimated Date Temporary Electric Service Will Be Needed (MM/DD/YY): / / ; Service Size: 100 Amps; Voltage: 120/240 (1-PH only); Phase: Single; Service Type: Underground

ELECTRIC EQUIPMENT SPECIFICATIONS

Cooling: Computer Air Conditioning, Refrigerated Space, Process Cooling; Heating: Space Heating, Water Heating, Cooking; Lighting: Indoor Lighting (10 kW), Outdoor Lighting; Motors: Single Phase Motors, Three Phase Motors, Largest Motor; Welders: Single Phase Welders, Three Phase Welders; Miscellaneous: Wall Receptacle Circuits; Other: ; Connected Load (kW): 10

FOR ALLIANT ENERGY USE ONLY

Estimated Average Annual Demand (kW)

Send completed form to:

[Empty box for address]