

Instructions to Complete the CSD274 Application and Contract for Electric Facilities

Overview: How to Complete the “CSD274 App and Contract for Electric Facilities” Form

This form authorizes Southern California Edison (SCE) to deliver electrical services for temporary power and safeguards the applicant’s rights throughout the process. Download the form at www.sce.com/brpppforms

1.Applicant Information (highlighted in green on sample form):

1. Fill in the **Applicant's Name, Credit Information** (if applicant is the Homeowner, enter “Homeowner” in the OTHER field), and **Telephone Number**. If applicant is a business, also fill in the **DBA** and the Partners/Officers **Name** who is completing the form, **Address, Title** and **Phone Number**.
2. The applicant can be the property owner themselves, or an authorized agent; such as contractor or a third party TPP provider.
3. The **Type of Business** for this application will be TPP (Temporary Power Pole)

2.Service Address (highlighted in blue on sample form):

1. Enter the **Service Address** of the Temporary Power Pole, including street address, city and zip code

3.Owner of Premise (highlighted in purple on sample form):

1. Enter the full **Name, Mailing Address** and **Phone Number** of property owner.
2. If the homeowner is completing the form, this information will be the same as the Applicant Information in the section above

4.Service Deposit (highlighted in yellow on the sample form):

1. The Applicant is required to **Initial** and **Date** the form, acknowledging that the cost of the Temporary Power Pole (TPP) is subject to adjustment.
2. Deposits are neither required nor accepted at time of application submission. An invoice will be issued at a later date and must be paid in full prior to the Temporary Power Pole (TPP) being set and energized.

5.Legal Contact’s information (highlighted in red in the sample form):

1. Enter Legal Contact’s full legal **Name** and **Mailing Address**.
2. This will be the name of the person who is signing the contract, putting the TPP service in their name and paying the monthly bill. This can either be the homeowner, contractor or third party TPP provider

6.Electrical Service Requirements and Load Details (highlighted in orange on the sample form) :

1. Enter the type of load being requested (e.g., TPP). Include a clear description of the panel size, number of clips in the meter socket and if you are requesting an Underground (UG) or Overhead (OH) TPP meter (e.g., 200A 4-Clip UG Meter)
2. Enter the **Phase, kVA, kW, Horsepower, Service Voltage, Connected Load** and **Estimated Maximum Demand** for the electrical service being requested.
3. This information is typically provided by your electrician, contractor, or project engineer. Please contact them to confirm the correct service details before completing this section.

7.Binding Agreement and Authorized Signature (highlighted in dark green on the sample form):

1. This section must be completed and signed by the Legal Contact.
2. Print the **Corporate or Individual’s Name** and provide a signature in the **By** field
3. If the Legal Contact is a business, enter the **DBA** and **Title** of the authorized individual completing the form.
4. In most cases, the Legal Contact is the property owner. However, an individual other than the property owner may serve as the legal contact, provided they agree to assume responsibility for all invoices and monthly billing charges for the Temporary Power; this arrangement is common among contractors and third-party TPP providers.

Tips:

- Ensure the Applicant and Legal Contact roles are clearly defined and accurate, as the Legal Contact will be financially responsible for all charges. Retain a photocopy for the Applicant's records.
- Validate the service address for completeness and accuracy to avoid delays in site identification and service setup.
- Ensure all required fields are completed accurately and retain a photocopy for the Applicant's records.

***Approved signing methods:** Scanned copy of wet signature or electronic signature directly into a signature block, space, or document using document signing applications such as Adobe Acrobat, Microsoft XPS, and/or 3rd party certificate.

CREDIT INFORMATION - FORM OF BUSINESS ORGANIZATION										TYPE OF BUSINESS-PROCESSING, MFG., ETC.																			
SOLE PROPRIETORSHIP ☐					CORPORATION ☐					GENERAL PARTNERSHIP ☐					CO-PARTNERSHIP ☐					OTHER ☒ Homeowner					Temporary Power Pole (TPP)				
CORPORATE OR INDIVIDUAL'S NAME John Smith																													
DBA NAME										BUSINESS TELEPHONE NUMBER 555-555-5555																			
PARTNERS OR CORPORATION OFFICERS																													
NAME					ADDRESS					TITLE					TELEPHONE NUMBER														
NAME					ADDRESS					TITLE					TELEPHONE NUMBER														
SERVICE ADDRESS STREET 3232 Oak St, Malibu, CA 90263										SERVICE ADDRESS POST OFFICE																			
CYCLE		DIST		BOOK		FOLIO		OR CD		FORMER BUSINESS SERVICE ADDRESS																			
DEPOSIT NUMBER				DEPOSIT AMOUNT				APPLICANT'S RESIDENCE ADDRESS																					
				100																									
THIS SERVICE DEPOSIT IS SUBJECT TO ADJUSTMENT										OWNER OF PREMISES																			
DATE 01/01/2026										NAME John Smith																			
APPLICANT'S INITIAL JS										ADDRESS 3232 Oak St, Malibu 90263																			
RET. TO ACCTG.										F.S.R. AREA NO.																			
ON G										DIST																			
CREDIT DEPT. APPROVAL										DATE WANTED																			
LIGHT										SCHEDULE																			
POWER										METER ORDER NO.																			
NEW SET										LOAD CHECK																			
LOOK-UP NO.										D.W.O. NO.																			
C.W.O. / C.J.O. NO.										HOURS OF OPERATION																			
SQUARE FOOTAGE (AS REQUIRED)										ADDITIONAL INFORMATION																			
ORDER TAKEN										AT BY DATE																			
COMPLETED FIELD										COMPLETED BK'ING																			
BY DATE										BY DATE																			

6									
NAME JOHN SMITH									
READ									
2									
RES. RANGE									
WTR. H. HEAT									
AIR C. D.M. PR. RES.									
D.M. RANGE									
D.M. WTR. H.									
D.M. HEAT									
D.M. AIR C.									
SERVICE ADDRESS STREET									
SERVICE ADDRESS POST OFFICE									
CA									
ZIP CODE									
7									
IMMEDIATE PREVIOUS EDISON SERVICE ADDRESS									
INST. CD.									
LOC. CD.									
MUL. AC.									
COPES									
W.D. CITY									
8									
MAILING ADDRESS									
P O BOX 555									
MAILING ADDRESS									
MALIBU CA 90263									
MAILING ADDRESS									
ZIP CODE									

**APPLICATION AND CONTRACT FOR ELECTRIC FACILITIES
WHERE FULL ADVANCE PAYMENT IS REQUIRED
Temporary Service**

To Southern California Edison:

The undersigned Applicant hereby requests you to deliver electric energy to and for the equipment hereinafter described, at the location shown on the reverse side hereof, in accordance with the applicable rates and rules of SCE.

In consideration of SCE's acceptance of this application, and the installation of facilities to supply temporary electric service, Applicant hereby agrees to the following:

- SCE has made available for inspection its applicable rates and rules. Applicant agrees to comply therewith, and with any changes or modifications thereof which may be authorized from time to time by the Public Utilities Commission of the State of California.
- Applicant's attention has been directed to the rate schedules applicable to the service herein described, and Applicant has elected to take and pay for service under Schedule _____ for a minimum period of _____ months. As specified in this schedule, Applicant elects the following optional provisions:
- Applicant agrees to pay in advance to SCE, prior to the installation thereof, the estimated cost installed plus the estimated cost of removal, less the estimated salvage of the facilities installed to provide the service herein applied for, which cost is agreed to be the sum of _____ Dollars (\$ _____).
- The amount of refund upon reclassification of Applicant from temporary to permanent will be made on the basis of the extension rule in effect at the time temporary service is reclassified to permanent. No interest shall be paid on the amount advanced.
- Applicant hereby grants to SCE a right of way for any electric lines which it may be necessary to build in, on, under or over Applicant's premises for the purpose of making delivery hereunder. Where Applicant requests facilities which are in addition to, or in substitution for, the standard facilities which SCE normally would install, the extra cost thereof shall be paid by Applicant.
- In the event Applicant within the initial 36 months of this contract materially increases or decreases his electric service requirements from those installed hereunder and a change is made in SCE's facilities, settlement shall be made for the installation and removal cost of the facilities removed. A new agreement shall be entered into providing for the modified service required by Applicant.
- This contract shall at all times be subject to such changes or modifications by the Public Utilities Commission of the State of California as said Commission may, from time to time, direct in the exercise of its jurisdiction.
- Where applicable — Contract Demand _____ (kW).
- Where applicable — Excess Transformer Capacity _____ (kVa).

	EQUIPMENT TO BE SERVED	PHASE	K.V.A.	K.W.	H.P.
LIGHTING					
POWER	TPP	1Ø	10	11	N/A
	200A 4-Clip UG Meter				

Service Voltage **120/240V 1Ø** Connected Load **10kVA** Est. Max. Demand **11kW**

Corporate or Individual's Name **John Smith**

Dated **01/01/2026**

D.B.A.

By

John Smith

Title

Witness

Approved and accepted for Southern California Edison Company

Office of Origin

By

Manager

CREDIT INFORMATION - FORM OF BUSINESS ORGANIZATION				TYPE OF BUSINESS-PROCESSING, MFG., ETC.			
SOLE PROPRIETORSHIP ☐ CORPORATION ☐ GENERAL PARTNERSHIP ☐ CO-PARTNERSHIP ☐ OTHER ☒ LLC				Temporary Power Pole (TPP)			
CORPORATE OR INDIVIDUAL'S NAME ABC Construction, LLC							
DBA NAME ABC Construction, LLC				BUSINESS TELEPHONE NUMBER 777-777-7777			
PARTNERS OR CORPORATION OFFICERS							
NAME Tim Taylor		ADDRESS 123 Main St, Malibu, CA 90263		TITLE Owner		TELEPHONE NUMBER 777-777-8888	
NAME		ADDRESS		TITLE		TELEPHONE NUMBER	
SERVICE ADDRESS STREET 3232 Oak St, Malibu, CA 90263		SERVICE ADDRESS POST OFFICE					
CYCLE	DIST	BOOK	FOLIO	CR CD	FORMER BUSINESS SERVICE ADDRESS		
DEPOSIT NUMBER		DEPOSIT AMOUNT ☒ 100		APPLICANT'S RESIDENCE ADDRESS			
THIS SERVICE DEPOSIT IS SUBJECT TO ADJUSTMENT				OWNER OF PREMISES NAME John Smith		TELEPHONE NUMBER 555-555-5555	
DATE 01/01/2026		ADDRESS 3232 Oak St, Malibu 90263					
APPLICANT'S INITIAL TS							
RET. TO ACCTG.	F.S.R. AREA NO.	ON	G	DIST	PREFIX	(METER NO.)	SUFFIX
CREDIT DEPT. APPROVAL		DATE WANTED		CYCLE	BOOK	FOLIO	CUST. NO.
LIGHT	SCHEDULE	NEAREST CROSS STREET		6			
POWER	METER ORDER NO.	LOAD CHECK		JOHN SMITH			
LOOK-UP NO.	D.W.O. NO.			2			
C.W.O. / C.J.O. NO.	HOURS OF OPERATION			RES. RANGE WTR. H. HEAT AIR C. D.M. PR. RES. D.M. RANGE D.M. WTR. H. D.M. HEAT D.M. AIR C.			
SQUARE FOOTAGE (AS REQUIRED)				SERVICE ADDRESS STREET			
ADDITIONAL INFORMATION				SERVICE ADDRESS POST OFFICE			
				CA			
				ZIP CODE			
				IMMEDIATE PREVIOUS EDISON SERVICE ADDRESS			
				INST. CD. LOC. CD. METER NO. COPIES W.O. CD. CITY			
				8			
				MAILING ADDRESS			
				P O BOX 555			
				MAILING ADDRESS			
				MALIBU CA 90263			
				MAILING ADDRESS			
				ZIP CODE			
ORDER TAKEN		AT BY DATE					
COMPLETED FIELD		COMPLETED BK'ING					
BY DATE		BY DATE					

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- Applicant's attention has been directed to the rate schedules applicable to the service herein described, and Applicant has elected to take and pay for service under Schedule _____ for a minimum period of _____ months. As specified in this schedule, Applicant elects the following optional provisions:
- Applicant agrees to pay in advance to SCE, prior to the installation thereof, the estimated cost installed plus the estimated cost of removal, less the estimated salvage of the facilities installed to provide the service herein applied for, which cost is agreed to be the sum of _____ Dollars (\$ _____).
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- In the event Applicant within the initial 36 months of this contract materially increases or decreases his electric service requirements from those installed hereunder and a change is made in SCE's facilities, settlement shall be made for the installation and removal cost of the facilities removed. A new agreement shall be entered into providing for the modified service required by Applicant.
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- Where applicable — Contract Demand _____ (kW).
- Where applicable — Excess Transformer Capacity _____ (kVa).

	EQUIPMENT TO BE SERVED	PHASE	K.V.A.	K.W.	H.P.
LIGHTING					
POWER	TPP	1Ø	10	11	N/A
	200A 4-Clip UG Meter				

Service Voltage **120/240V 1Ø** Connected Load **10kVA** Est. Max. Demand **11kW**

Corporate or Individual's Name **John Smith**

Dated **01/01/2026**

D.B.A.

By

John Smith

Title

Witness

Approved and accepted for Southern California Edison Company

Office of Origin

By

Manager

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DBA NAME ABC Construction, LLC						BUSINESS TELEPHONE NUMBER 777-777-7777					
PARTNERS OR CORPORATION OFFICERS											
NAME Tim Taylor				ADDRESS 123 Main St, Malibu, CA 90263				TITLE Owner		TELEPHONE NUMBER 777-777-8888	
NAME ADDRESS TITLE TELEPHONE NUMBER											
SERVICE ADDRESS STREET 3232 Oak St, Malibu, CA 90263											
CYCLE DIST BOOK FOLIO OR CD FORMER BUSINESS SERVICE ADDRESS											
DEPOSIT NUMBER				DEPOSIT AMOUNT 100				APPLICANT'S RESIDENCE ADDRESS			
THIS SERVICE DEPOSIT IS SUBJECT TO ADJUSTMENT											
OWNER OF PREMISES NAME John Smith						TELEPHONE NUMBER 555-555-5555					
DATE 01/01/2026						ADDRESS 3232 Oak St, Malibu 90263					
APPLICANT'S INITIAL TT											
RET. TO ACCTG. F.S.R. AREA NO. ON G DIST PREFIX (METER NO.) SUFFIX DATE EFFECTIVE BY SUB											
CREDIT DEPT. APPROVAL DATE WANTED											
LIGHT SCHEDULE NEAREST CROSS STREET											
POWER METER ORDER NO. LOAD CHECK											
NEW SET											
LOOK-UP NO. D.W.O. NO.											
C.W.O. / C.J.O. NO. HOURS OF OPERATION											
SQUARE FOOTAGE (AS REQUIRED)											
ADDITIONAL INFORMATION											
ORDER TAKEN											
AT BY DATE											
COMPLETED FIELD COMPLETED BK'ING											
BY DATE BY DATE											
6 NAME ABC CONSTRUCTION LLC											
READ CR. CD. SP. IN. DP. RD. DEPOSIT AMT. BY H.L. GEP. DEM. READ											
RES. RANGE. WTR. H. HEAT. AIR C. D.M. PR. RES. D.M. RANGE. D.M. WTR. H. D.M. HEAT. D.M. AIR C.											
SERVICE ADDRESS STREET APT. NO.											
SERVICE ADDRESS POST OFFICE CA ZIP CODE											
7 IMMEDIATE PREVIOUS EDISON SERVICE ADDRESS											
INST. CD. LOC. CD. METER. NO. COPIES. W.O. CD. CITY											
8 MAILING ADDRESS											
1 2 3 MAIN ST											
MAILING ADDRESS											
MALIBU CA 90263											
MAILING ADDRESS ZIP CODE											

APPLICATION AND CONTRACT FOR ELECTRIC FACILITIES WHERE FULL ADVANCE PAYMENT IS REQUIRED Temporary Service

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- Where applicable — Excess Transformer Capacity _____ (kVa).

	EQUIPMENT TO BE SERVED	PHASE	K.V.A.	K.W.	H.P.
LIGHTING					
POWER	TPP	1Ø	10	11	N/A
	200A 4-Clip UG Meter				

Service Voltage **120/240V 1Ø** Connected Load **10kVA** Est. Max. Demand **11kW**

Corporate or Individual's Name **ABC Construction, LLC**

Dated **01/01/2026**

D B A

By **Tim Taylor** Title _____

Witness
Approved and accepted for Southern California Edison Company

Office of Origin _____

By _____ Manager