



WEST KELOWNA FILE NO. _____ <i>For Office Use Only</i>
SLIM ID NO. _____

Development Services
 2760 Cameron Road, West Kelowna, BC V1Z 2T6
 Tel (778) 797.8830 Fax (778) 797.1001
 Email: dev.services@westkelownacity.ca

Street Lighting Application

In order to have street lighting installed/energized, the Applicant/Agent must accurately complete the following:

Applicant/Agent Name :	Development Name:
Address :	Location :
Phone : []	CWK Development Services Contact :
Email :	Email : Phone :
Electrical Company Name :	Phone :
Electricians Name :	Electrical Permit # : <i>Not required for Overhead</i>
Email :	Model Name : Model # :

Effective Date: _____

WEST KELOWNA Account # _____ <i>For Office Use Only</i>
--

Please fill in only the appropriate boxes for Type of Light requested.

Type of Light **Ornamental** = Metal Pole, Ornamental or Cobra Head style

Reason Add/Remove to **Existing Service** New Connection New Metered Connection
 Remove Metered Connection Switch to Metered **# of Lights:** _____

Request Type Addition Removal **Wattage:** _____

Lamp Type High Pressure Sodium LED ***MUST BE MMCD Compliant** Confirmed

***Location of Service Box** Please Identify on Street Lighting Plan

***Attachments** Electrical Permit Approved Street Lighting Plan

Comments: _____

Type of Light **Overhead** = Davit Arm on BC Hydro Wooden Pole

Request Type Addition Removal Modification **# of Lights** _____ **Wattage** _____

Lamp Type High Pressure Sodium **Lens Type** Cube Drop Flat

Arm Length 1.2 2.4 4.8 Unknown **Arm Direction** _____

***All Pole ID #'s** _____

***Location of Service Box** Please Identify on Street Lighting Plan

***Attachments** Approved Street Lighting Plan