



TOWN OF CLAYTON
 Engineering & Inspections
 111 E. Second St., P.O. Box 879
 Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-1720

LOAD MANAGEMENT SWITCH REQUEST

Date: _____ Inspection Department Permit #: _____
 Builder: _____ Phone: _____
 Fax: _____ Email: _____
 Service Address/Lot/SD: _____
 Electrician: _____ Phone: _____

Complete the Type of appliances being installed (To be completed by contractor representative)

	Quantity	Quantity
Water Heater	Electric (_____)	Gas (_____)
AC Compressor	Electric (_____)	Gas (_____)
HP/Heat Strips	Electric (_____)	Gas (_____)

Received by: _____ Switch issued by: _____

I do hereby declare that the LMS equipment will be installed in accordance with the National Electrical Code.

Signature _____

To be completed by Electric Department

Date Issued: _____ Serial No: _____ Serial No: _____

I have verified the Load Management switch is connected to the following appliances:

(_____) WH (_____) AC (_____) HS

Date of Installation and connection to appliance: _____

Work Order Number: _____

- LMS are required to be connected to electric water heater, AC, and/or heat strips prior to scheduling the final business inspection.
- Load Management switches provided at no cost by the Town of Clayton
- This completed form must be taken to taken to the Operations Center, 653 Hwy 42 W at Guy Rd to obtain switches.