



Electric Vehicle (EV) Make Ready Application Instructions

Please follow these instructions to complete the attached Eversource EV Make Ready Program Application.

Section 1: Applicant Information

Customer responsible for Payment of Monthly Electric Bills (Company or Organization)

Enter full name of Customer

Existing Eversource Electric Account Number

If you are an existing Eversource electric customer, please provide an appropriate Corporate electric account number.

Fed Tax ID#:

Enter your organization's Federal Tax ID #. Enter 99-9999999 if you do not have a Federal Tax ID#

Corporate Address, City, Zip Code and Phone

Please provide Corporate contact information here.

Contact Person Name, Phone, email

Enter the name and information of the primary contact representing your organization for this program application. The contact person should be the primary contact for our Account Executives as part of the Make Ready Program

Eversource Account Executive (optional)

If you have been in contact with an Eversource Account Executive on the Make Ready Program, please put their names here.

Section 2: Site Information

Site Description

Briefly describe the site where you are looking to deploy charging stations through the Make Ready Program. Please include Latitude/Longitude coordinates if possible. If you have a sketch of the site plan, you can attach that as well.

Site Address, City, State and Zip Code

Please provide Site locational information here.

Tax Assessor Parcel #: (optional)

Enter the number of the designated parcel assigned by the tax assessor of your local jurisdiction.

Total Parking Spaces at Site

Enter the total parking capacity for light-duty vehicles at the Site. This includes parking spaces reserved spaces and those for specific uses (visitor, tenants/residents, fleet, employee/contractor).

Number of Charging Ports Desired at Site

The number of charging ports you would like to have at the site. Generally speaking, 1 port = 1 parking space.

Existing Eversource Electric Account Number at Site (if any)

If there is an electric account number specific to the site, enter it here.

What is the primary utilization for the requested charging ports (select one)

Please select the option that best describes the primary use type of the charging station site.

Proposed Charging Station Location Type: (select one)

Please select the option that best describes the parking lot type.

Does the site have access restrictions that require scheduling visits by Eversource or its contractors? If yes, please describe.

Indicate if Eversource representatives or contractors can freely access the site including parking spaces. There may need to be multiple visits to determine proper siting of charging station infrastructure through the Make Ready Program. If yes is selected, we will schedule all site visits with the listed contact person.

Section 3: Property Owner Contact Information

Does Applicant have legal ownership of the site?

If the Customer listed in Section 1 has legal ownership of the site, select “yes”. This will complete this section.

If the Customer listed in Section 1 does not have legal ownership of the site, select “no” and fill out the remainder of this section.

Section 4: Other Information

AHJ (Authority Having Jurisdiction) for the Site

Enter the name of the city, county or special entity that issues building construction permits for the site. Enter N/A if you are a governmental agency with no AHJ.

Section 5: Signatures

If the applicant is not the property owner, the property owner is also required to sign the application.

Upon completion of the document, please scan and send it to the email address below with the subject
EV Make Ready Program Application: **EVmakeready@eversource.com**

You will receive correspondence that your application has been received along with further instructions.

APPLICATION FOR MAKE READY PROGRAM

SECTION 1: APPLICANT INFORMATION

Customer Responsible for Payment of Monthly Electric Bills (Company or Organization):

Existing Eversource Electric Account Number:

Fed Tax ID #:

Corporate Address:

City:

State:

ZIP Code:

Corporate Phone:

Contact Person's Name:

Contact Person's Phone:

Contact Person's Email:

Eversource Account Executive (optional):

SECTION 2: SITE INFORMATION

Site Description: Please briefly describe the site. If you have drawings of the site plan, please attach them to this document.

Site Address:

City:

State:

ZIP Code:

Tax Assessor Parcel #:

Total Parking
Spaces at Site:

Number of Charging
Ports Desired at Site:

Existing Electric Eversource Account
Number on site (If any):

What is the primary utilization for the requested Charge Ports? (select one)

Workplace

Multi-Unit Dwelling
(Apartment, Townhouse, Condo)

Fleet

Destination Parking
(Public Lots)

Proposed Charging Station Location Type: (Select one)

Grade Level
Parking Lot

Above Grade
Multi-Story Parking Structure

Subterranean
Parking Structure

Other

Does the site have access restrictions that require scheduling visits by Eversource or its contractors? Yes No

If yes, please describe:

SECTION 3: PROPERTY OWNER CONTACT INFORMATION

Does Applicant have legal ownership of the site? Yes No

If no, please indicate Property Owner name:

Property Owner Address:

Phone:

City:

State:

ZIP Code:

SECTION 4: OTHER INFORMATION

AHJ (Authority Having Jurisdiction – City, County or Special Entity Issuing Building Permits and Certificates of Occupancy) for the Site:
(Enter the name of the city, county or special entity issuing building construction permits for the site. Enter N/A if you are a governmental agency with no AHJ.)

SECTION 5: SIGNATURES

Signature of applicant:

Title:

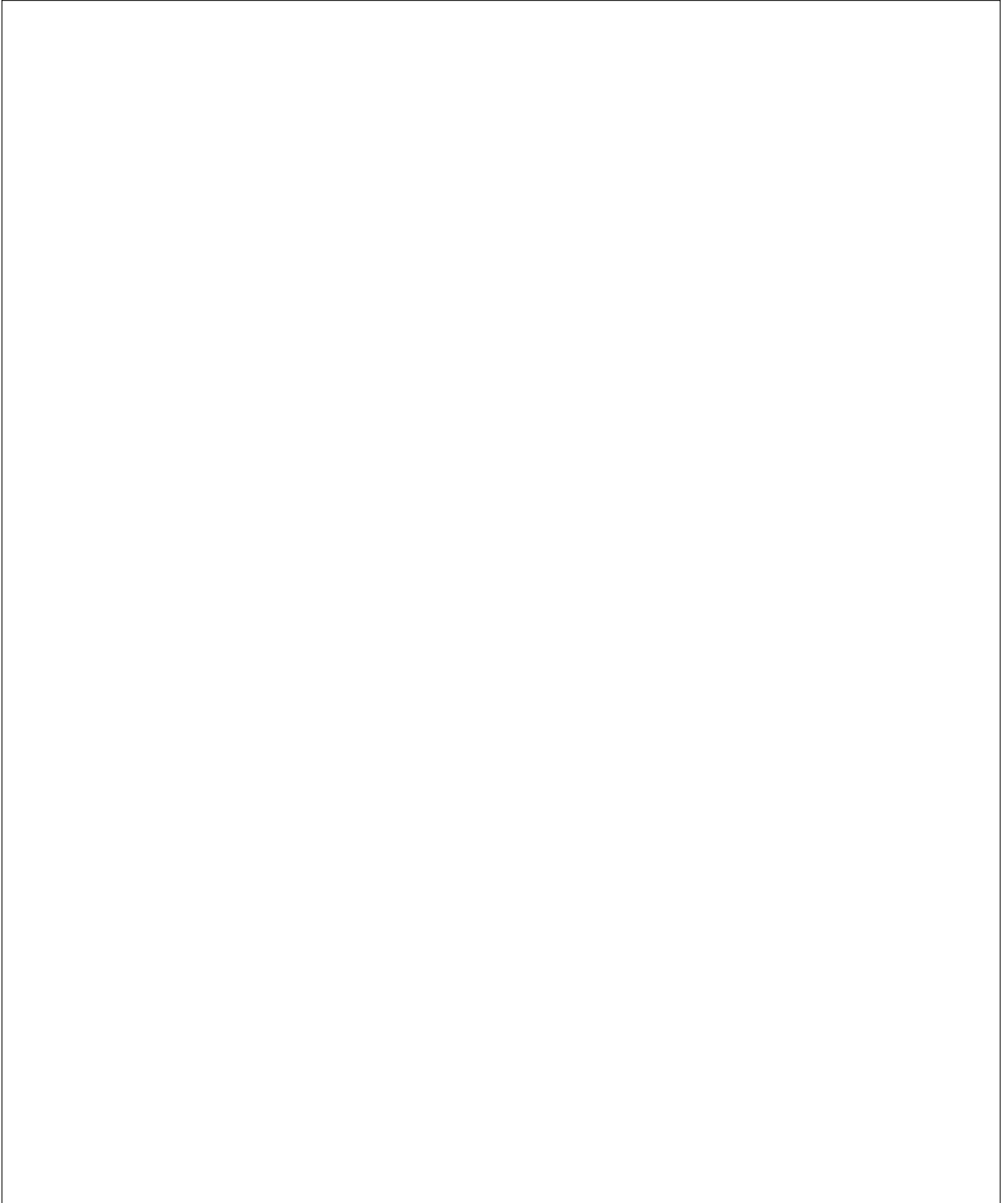
Date:

Signature of Property Owner (if applicable):

Title:

Date:

SITE SKETCH



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