

DTE Project Intake

Thank you for considering Michigan for your project.

Please complete all fields to assist us in providing you with the best service in meeting your project needs.

If you have any questions, contact DTE Energy's Economic Development Department at **855.367.0255**.

Project Information	
1. Business name	
2. Submission date	
3. Contact name	
4. Contact title	
5. Contact email	
6. Contact phone	
7. Type of operation	
8. When is your anticipated start date?	
Site Information and Building Requirements	
1. Land requirement (acres, configuration; i.e., rectangular?)	
2. Size of building (square feet)	
3. Dock doors	
4. Misc: overhead crane, floor thickness in inches, etc.	
5. Sale <input type="checkbox"/> Lease <input type="checkbox"/>	
6. Sole use <input type="checkbox"/> Multitenant <input type="checkbox"/>	
7. Location preferences	
8. Zoning requirement: industrial, commercial?	
Logistics and Infrastructure Information	
1. Required distance to nearest 4-lane highway or interstate (miles)	
2. Required distance to nearest deepwater port (miles)	
3. Required distance to nearest international airport (miles)	
4. Rail required?	
5. Access to site - describe current road access (how many access roads to site required?)	
Workforce and Labor	
1. Estimated employment (Total)	
2. Estimated engineering/technical employment (please provide examples of engineering/technical skills required)	
3. Estimated production/assembly employment	
4. Management median wage (estimated, in USD)	

Workforce and Labor (continued)	
5. Engineering median wage (estimated in USD)	
6. Production median wage (estimated in USD)	
Utility Information	
Power/Electricity	
1. Weekday (Monday – Friday) hours of operation	
2. Weekend hours of operation (e.g. 8 a.m. – Noon Saturday, closed Sunday)	
3. Maximum electrical demand including power factor (MWA or MW)	
4. Average monthly electrical demand (MWA or MW)	
5. Percent of on-peak usage (Total hours of weekly usage during on-peak hours 11 a.m. – 7 p.m., Monday - Friday) as a percent of your total hours of weekly operation)	
6. Do you need redundant power (electric power from two different sources) at the site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. What is the planned production phasing of your operation? (e.g. 50% production capacity the first six months, 75% the end of year 1, 100% the end of year 2)	
8. What is your desired date for Electric?	
Natural gas service	
1. Does your operation have a natural gas usage component in your production operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. What amount of natural gas do you expect to use on a weekly basis? (Please account for shifts and weekend production) BTU/HR	
3. What is the input gas load in BTU/hr or cubic feet/hr for all of the natural gas equipment you expect to use?	
4. What delivery pressure (inches water column or psig) after the meter do you require for the operation of your equipment?	
5. Please indicate your future natural gas usage in anticipated production growth. (Pressure and BTU/hr)	
6. Do you have a similar operation at another location? Please attach electric and gas utility bills, if available.	
7. What is your desired in service date for Gas?	
Water (supply)	
1. Average requirement per day (gallons)	
Waste water discharge	
1. n/a	
Other Requirements	