

INTERCONNECTION APPLICATION

Customer Generated Power Application

(To be filled out and submitted prior to installation.)

CUSTOMER GENERATOR CONTACT INFORMATION

Legal Name and Mailing Address of Customer-Generator: (if an individual, Individual's Name)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person (If other than above): _____
Telephone Number(Daytime): _____(Evening): _____
(Cell): _____ Facsimile: _____
Email Address: _____

Alternate Contact Information (If different from Customer-Generator above)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(Daytime): _____(Evening): _____
(Cell): _____ Facsimile: _____
Email Address: _____

The Customer-Generator Facility's Information:

Facility Address: _____
City: _____ State: _____ Zip Code: _____
Nearest Crossing Street: _____
Electric Distribution Company ("EDC"): _____
Account #: _____ Meter #: _____
Existing Service Voltage: _____ Vac Existing Service Capacity: _____ Amps Single Phase
Current Annual Energy Consumption: _____ KWH Estimated In-Service Date: __/__/__
Do you plan to export power? _____
If Yes, Estimated Maximum: _____ KWac Estimated Gross Annual Energy Production: _____ KWH
One-line Diagram Attached (REQUIRED): YES Site Plan Attached (REQUIRED): YES
Energy Source: _____ Gross Generator Rating: _____ KWac
Utility Accessible Disconnect or Lock Box: _____

Requested Level of Review: _____ **Type of Generation Equipment:** _____

Equipment Installation Contractor: Indicate by owner if applicable

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person (*If other than above*): _____
Telephone Number(Daytime): _____ (Evening): _____
(Cell): _____ Facsimile: _____
Email Address: _____

Electrical Contractor (If Applicable): Indicate if not applicable

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person (*If other than above*): _____
Telephone Number(Daytime): _____ (Evening): _____
(Cell): _____ Facsimile: _____
Email Address: _____

Consulting Engineer (If Applicable): Indicate if not applicable

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person (*If other than above*): _____
Telephone Number(Daytime): _____ (Evening): _____
(Cell): _____ Facsimile: _____
Email Address: _____

Application Fee:

Application Fee Enclosed: YES Amount: _____

Customer-Generator Insurance Disclosure:

Appropriate binders of insurance, consistent with the Borough of St. Clair requirements, have been presented as part of the permit application process and are on file with the Borough of St. Clair in the application packet.

Customer-Generator Signature:

I hereby certify that to the best of my knowledge, all of the information provided in this Application is accurate.

Legal Name of Customer-Generator: _____

Customer-Generator Signature: _____ Date: ___ / ___ / ___

Printed Name: _____ Title: _____

Customer-Generator Equipment Information for Inverter Based Systems

DC Source Information:

Energy Source: _____

DC Source Rating: _____ KW DC

Nominal DC Voltage: _____ V DC

Ampere Rating: _____ Amps DC

Inverter Information:

Inverter Manufacturer: _____

Inverter Type: _____

Model Number of Inverter: _____

Number of Units: _____

Inverter Rating: _____ KW AC

Voltage Rating: _____ Volts AC

Ampere Rating: _____ Amps AC

Power Factor: _____ %

Number of Phases: _____

Frequency: _____ Hz

IEEE1547/UL1741 Certification: : YES

Evidence of Certification Attached: : YES

Protective Equipment: The Customer-Generator shall design a protective scheme that will provide the protective functions specified in IEEE 1547 and submit it to the EDC for review and acceptance. The submittal shall include a single line drawing showing the location of instrument transformers (current and voltage) and the location of the relays, breakers and fuses. Indicate the manufacturer and model number of each type of device. Breaker data shall include continuous and interrupting ampere ratings. If relays are used, indicate function, the tripping source and its voltage.

Isolation Transformer: Manufacturer – Manufacturer reference number – Nominal Voltage Ratio – High / Low Voltage Taps – Number of Units – Rates KVA – Percentage Impedance at KVA base – High / Low Voltage Winding Configuration