



## **Application for Interconnection of Distributed Generation Facility**

The following application must be completed in its entirety and returned to Newnan Utilities (NU) electric department at least 30 days prior to the anticipated interconnection date so that NU will have ample time to process the request. In addition, applicable permits must be obtained from the City of Newnan Building Department prior to installation of any distributed generation and associated equipment. The undersigned herewith applies for metering and interconnection services required for the distributed generation project described below.

### **Application Fee:**

Generators rated at 10 kW or less  
Generators rated at greater than 10 kW

\$50 (Non-refundable)  
Based on engineering estimate

### **APPLICANT CONTACT INFORMATION**

Name: \_\_\_\_\_  
(Same Name as shown for the NU Electric Account Billing)

Electric Service Address: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

Contact Person (if different than above) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

### **CONSULTING ENGINEER OR CONTRACTOR/INSTALLER INFORMATION**

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone#: \_\_\_\_\_



**GENERATING FACILITY/INVERTER INFORMATION**

Generator Type: (circle one) Photovoltaic Wind Fuel Cell Hydro Other

Manufacturer: \_\_\_\_\_

Model Name and Number: \_\_\_\_\_

kW Rating: \_\_\_\_\_ kVA Rating: \_\_\_\_\_

Interconnection Voltage: \_\_\_\_\_

Will you supply the necessary var requirements? (Circle one) Yes No

Disconnect Switch Manufacturer/Model Number:

\_\_\_\_\_

Disconnect Switch Rating: \_\_\_\_\_ THD: \_\_\_\_\_

Maximum Fault Current: \_\_\_\_\_

External Disconnect: (circle one) Yes No

If yes, location: \_\_\_\_\_

Will the system export power? (Circle one) Yes No

Rated Frequency: \_\_\_\_\_

**ONE-LINE DIAGRAM AND ADDITIONAL INFORMATION**

One-Line Diagram Attached: (circle one) Yes No

Product Literature Attached: (circle one) Yes No

Obtained Electrical Permit: (circle one) Yes No

**EXISTING ELECTRIC SERVICE**

Main Panel Ampere Rating: \_\_\_\_\_

Main Panel Voltage Rating: \_\_\_\_\_

Service Character (circle one) Single phase Three phase



**DISTRIBUTED GENERATION INSTALLATION INFORMATION**

Is the normal operation of this generator intended to provide power to meet base load requirements, demand management, standby power, back-up power, or other? (Please describe): \_\_\_\_\_

Estimated In-Service Date: \_\_\_\_\_

Estimated Interconnection Date: \_\_\_\_\_

By completing and submitting this Application, Applicant agrees to all service rules, regulations, terms, policies and procedures, as amended from time to time, which are incorporated herein by this reference.

**Printed Name of Applicant:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE FILLED OUT BY NEWNAN UTILITIES ELECTRIC PERSONNEL**

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Application accepted for review: (circle one) Yes No If no, why:

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