

## MICRO GENERATION FORM TO CONNECT 12 KW OR LESS OF DISTRIBUTED ENERGY RESOURCES TO NIAGARA PENINSULA ENERGY INC.'S DISTRIBUTION SYSTEM

Application Submission Date: \_\_\_\_\_ (YYYY/MM/DD)

1. Project Type:  Net Metering  Other: \_\_\_\_\_

2. Applicant's Contact Information (the party that will be contractually obligated for this generating facility)

Name \_\_\_\_\_

Company (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number (Main) \_\_\_\_\_ Cell \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

3. Location of the Generation Facility

Street Address \_\_\_\_\_

Lot \_\_\_\_\_ Concession \_\_\_\_\_ City \_\_\_\_\_

Niagara Peninsula Energy Inc (NPEI) Account # \_\_\_\_\_

4. Applicant's Ownership Interest in the Generation System

Owner  Co-Owner  Lease  Other

5. Is there an Existing Micro-Fit at this location?  YES  NO

**6. Contractor Information**

Contractor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Contractor Contact \_\_\_\_\_

Phone Number (Main) \_\_\_\_\_ Cell \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

**7. Generator Information**

Generator Phases and Voltage:

 One     Three    Voltage Output: \_\_\_\_\_Generator Type:  Synchronous     Induction     Inverter Based

Energy Source:

Solar Roof  Solar Ground  Wind  Bio  Water  Other **Energy Source Specification:**

Manufacturer \_\_\_\_\_

Model No \_\_\_\_\_

No of Panel(s) / Turbine (s) \_\_\_\_\_ Rating (Each) \_\_\_\_\_

Gross kW \_\_\_\_\_

**Generator Specification:**

Manufacturer \_\_\_\_\_

Model No \_\_\_\_\_

No of Inverter(s)/Generating Unit(s) \_\_\_\_\_

Rating (Each) kW \_\_\_\_\_ Gross kW \_\_\_\_\_

### 8. Design Requirements

Has the proposed distribution generation equipment been certified (CSA C22.2No.107.1-01, UL 1741 SA, etc.)?

Yes

No

### 9. Other comments, specifications and exceptions (attach additional sheets if needed)

Please return completed forms via email to: [DER@npei.ca](mailto:DER@npei.ca)