

**APPLICATION FOR SOLAR CONNECTIVITY**

**Customer Information**

Applicants Name:

Service Location:

Mailing Address:

Phone No.:

Email Address:

Does the applicant own the premises? Yes No

If no, applicant must provide documentation authorizing them to install solar equipment.

**Expected In-Service Date: (YY/MM/DD):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Customer's Existing Town of Antigonish Electric Utility Supply**

Existing Electric Service Type: Single Phase Three Phase

Account No.: \_\_\_\_\_ Amps: \_\_\_\_\_ Meter No.: \_\_\_\_\_ Volts: \_\_\_\_\_

Indicate the total generation capacity (kW) and estimated annual energy (kWh) per year:

kW: \_\_\_\_\_ kWh: \_\_\_\_\_ Number of Units: \_\_\_\_\_

**Equipment Information**

Inverter

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Output Voltage: \_\_\_\_\_ Single Phase Three Phase

Nameplate kW: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Frequency: \_\_\_\_\_ Rate Power Factor: \_\_\_\_\_

Product Certification Information: \_\_\_\_\_

Synchronous or  Induction Generator

**Installer Information**

Installer Name:

Phone No.:

**Interconnection Circuit Breaker Information**

Manufacturer: \_\_\_\_\_ Type No.: \_\_\_\_\_

Load Rating: \_\_\_\_\_ Interrupting Rating: \_\_\_\_\_ Amps: \_\_\_\_\_

Trip Speed: \_\_\_\_\_ Cycles: \_\_\_\_\_

**Protective Equipment**

Provide the manufacturer's information for the protection package or devices. Including documentation for the protection functions for ranges and settings for tripping or shutdown, along with time delays: Under/Over Voltage, Over/Under Frequency, Anti-islanding, Over-current.

**Documentation Required**

Completed building inspection report from Eastern District Planning Commission indicating roof structure is adequate to support added weight of panels.

Three (3) copies of each are required with diagrams neatly drawn or printed on 11" x 17" paper

- A single line drawing showing the electrical relationship and descriptions of the significant electrical components with operating voltages and ratings
- Provide a site plan showing the physical arrangement of the major equipment and the civic address.

**Signatures**

I hereby certify I have reviewed and agree to adhere to the Town of Antigonish Electric Utility's *Solar Connectivity Policy* and to the best of my knowledge, all the information provided in this Application is true and correct. By signing below, the application acknowledges it is theirs, as well as their installers, responsibility to obtain and installation permit from the Town of Antigonish Electric Utility's Electrical Inspector (<https://www.townofantigonish.ca/public-works.html>) before commencing any work.

Dated at Antigonish \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature of Applicant