

BOROUGH OF PERKASIE

620 W. Chestnut Street PO Box 96 Perkasie, Pa. 18944-0096 (215) 257-5065 Fax (215) 257-6875

INTERCONNECTION APPLICATION FOR CUSTOMER GENERATION PART 1

With Terms and Conditions for Interconnection

(Application & Conditional Agreement - to be filled out prior to installation)

CUSTOMER GENERATOR CONTACT INFORMATION

Legal Name and Mailing Address of Custo	omer-Generator:	
Name:		
Mailing Address:		
City:	State: Zip Code:	
Contact Person (If other than above):		
Telephone (Daytime):	(Evening):	
Facsimile Number:	E-Mail Address:	
Alternate Contact Information: (If differ	rent from Customer-Generator above)	
Name:		
Mailing Address:		
	State: Zip Code:	
Telephone (Daytime):	(Evening):	
Facsimile Number:	E-Mail Address:	
The Customer-Generator Facility's Int	formation:	
Facility Address:		
City:	State: Zip Code:	
Electric Distribution Company:	Borough Electric Department	
Current Account #:	Current Meter #:	
Current Annual Energy Consumption:	KWh Estimated In-service Date:	

Net Meter Fee	\$
Administrative Fee	\$
Inspection Fee	\$
Application Fees Total Due	\$
Application Fee Enclosed (check of	ne):YesNo Inverter Type:
Energy Source (check one):	WindPhotovoltaic Manufacturer:
Number of units:	Model Number of Inverter:
Inverter Rating:KWac	Ampere Rating:KWac Number of Phases:
Voltage Rating:Vac	DC Source Rating:KWdc Nominal DC Voltage:
Power Factor:% Free	quency:Hz Certification (check one):IEEE1547UL1741
Utility Accessible Disconnect or	Lock Box:
One-Line Diagram Attached (requ	nired):YesNO Site Plan Attached (required):YesNO
Equipment Installation Cont	ractor: (Indicate by owner if applicable)
Name:	
Mailing Address:	
City:	State: Zip Code:
Contact Person (If other than above)	:
	(Evening):
Facsimile Number:	E-Mail Address:
Electrical Contractor: (If appli	icable)
Name:	
	State: Zip Code:
Contact Person (If other than above)	:
	(Evening):
	E-Mail Address:
Customer-Generator Insura	
The Borough of Perkasie requires	s an appropriate amount of liability insurance in the event of equipment
failura Darquah must ba namad	insured. Attached: Yes No

Customer-Generator Signature:

I hereby certify that: 1) I have read and understand the Borough of Perkasie Tec	chnical Requirements for
Customer Owned Generation which are attached hereto by reference and are ma	ade a part of this
Application; and 2) to the best of my knowledge, all of the information provide	d in the Application is true
and I agree to abide by the attached Requirements, including the application pro	ocess set forth therein.
Customer-Generator Signature:	Date:
Printed Name:	Title:
Conditional Approval to Interconnect Customer-Generator Facility: Electric)	
Conditional Approval to Interconnect Customer-Generator Facility:	
Conditional Approval to Interconnect Customer-Generator Facility: Electric)	nerator Facility is
Conditional Approval to Interconnect Customer-Generator Facility: Electric) The requested information is complete and interconnection of the Customer-Generator Facility:	nerator Facility is duly executed Certificate
Conditional Approval to Interconnect Customer-Generator Facility: Electric) The requested information is complete and interconnection of the Customer-Ge approved contingent upon the Requirements of this Agreement, the return of a continuous	nerator Facility is duly executed Certificate
Conditional Approval to Interconnect Customer-Generator Facility: Electric) The requested information is complete and interconnection of the Customer-Ge approved contingent upon the Requirements of this Agreement, the return of a of Completion, verification of electrical inspection and successful witness test of the condition of the Customer-Generator Facility:	nerator Facility is duly executed Certificate or Perkasie Borough