

**APPLICATION TO CONNECT *microFIT* PROJECT TO  
CHEC LDC DISTRIBUTION SYSTEM**



<b><i>microFIT</i> Information</b>	
Project Reference Number	
Applicant Legal Name	
Incremental Project	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Primary Contact Information</b>	
Name	
Billing Address	_____ Street
	_____ City      _____ Province      _____ Postal Code
Existing Account Number (if applicable)	
Phone Number	
Email Address	
Fax Number	

<b>Secondary Contact Information (e.g. Consultant, Contractor etc.)</b>	
Name	
Address	_____ Street
	_____ City      _____ Province      _____ Postal Code
Phone Number	
Email Address	
Fax Number	

<b><i>microFIT</i> Project Description</b>	
Site Address	_____ Street
	_____ City      _____ Province      _____ Postal Code
Facility GPS Co-ordinances:	North _____ West

Fuel Type	<input type="checkbox"/> Bio-gas	<input type="checkbox"/> Solar photovoltaic (Solar PV)
	<input type="checkbox"/> Landfill gas	<input type="checkbox"/> Wind
	<input type="checkbox"/> Renewable biomass	<input type="checkbox"/> Other (Please Specify): _____

Nameplate Capacity	kW
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Expected In Service Date	____ / ____ / ____ DD / MM / YYYY
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<b><i>If the microFIT project is a Solar PV project:</i></b>	
Total Nameplate Capacity of Solar PV Panels	kW
Total Nameplate Capacity of Inverter	kW
Inverter Certification	<input type="checkbox"/> C22.2 #107.1 (CSA Standard)
Location of Project	<input type="checkbox"/> Roof Top <input type="checkbox"/> Ground Mounted
Location of Inverter	
Location of Generation Meter	
Location of Disconnection Point	
Size of Project in Square Meters	
Manufacturer's Technical Specifications of proposed equipment	<input type="checkbox"/> Attached <input type="checkbox"/> Not Available Now

Type of Meter Required	<input type="checkbox"/> Single <input type="checkbox"/> Poly <input type="checkbox"/> Unknown
Service Upgrade Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Engineering Single Line Diagram	Drawing / Sketch No. _____, Rev. _____
Expected Project Timeline (Dates):	
1. Complete Installation	1.
2. Electrical Safety Inspection	2.

Proposed Connection Method <i>(Refer to the Guide)</i>	<input type="checkbox"/> Directly Connected	<input type="checkbox"/> Indirectly Connected <input type="checkbox"/> In-series, or <input type="checkbox"/> In-parallel
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<b><i>If Incremental Project – Existing Generating Facility Description</i></b>		
Fuel Type	<input type="checkbox"/> Bio-gas	<input type="checkbox"/> Solar photovoltaic
	<input type="checkbox"/> Landfill gas	<input type="checkbox"/> Wind
	<input type="checkbox"/> Renewable biomass	<input type="checkbox"/> Other (Please Specify): _____
Total Nameplate Capacity of Existing Generating Facility		kW
Combined Nameplate Capacity		kW
<b>NOTE: Combined Nameplate Capacity (<i>microFIT</i> Project plus Existing Generating Facility) cannot exceed 10kW.</b>		

Signature : \_\_\_\_\_

Title : \_\_\_\_\_

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

Date : \_\_\_\_\_

**Please return the completed form by email, mail or fax to the CHEC LDC Member.**

***For office use:***

***Date Received:*** \_\_\_\_\_

***Date Approved:*** \_\_\_\_\_

***Account Number:*** \_\_\_\_\_

***Connection Date:*** \_\_\_\_\_