



Énergie NB Power

Embedded Generation General Capacity Assessment Request

Project Developer Information		Mailing Address	
Applicant	Company Name:	Address:	
	Primary Contact:	City:	Postal Code:
	Daytime Phone:	Site Location (fill out known information)	
	Fax:	Civic Address:	
	E-Mail:	Latitude:	Longitude:
		PID#:	NB Power Pole #:

Project Information		
Project	Developer:	Engineering Consultant:
	Contractor:	

Generator Information	
Generator	1. Generating Source: <input type="checkbox"/> Wind <input type="checkbox"/> Biogas <input type="checkbox"/> Solar <input type="checkbox"/> Biomass <input type="checkbox"/> Hydro <input type="checkbox"/> Other If other Please specify: _____
	2. Number of Generating Units: _____
	3. Generator Size: _____ <input type="checkbox"/> Watts <input type="checkbox"/> kW <input type="checkbox"/> MW
	4. Total Project Capacity: _____ <input type="checkbox"/> kW <input type="checkbox"/> MW

Inverter Information (if applicable)	
Inverter	1. Rated Capacity/Unit: _____ <input type="checkbox"/> Watts <input type="checkbox"/> kW # Units: _____ Total Capacity: _____ kW
	2. Manufacturer:
	3. Model:
	4. Output Voltage (V):

Additional Information (Please enclose a copy of the following items with your application)	
Additional	1. SITE LOCATION MAP including topographical details and proximity to NB Power's distribution system, 2. PAYMENT: Cheque in the amount of \$500 + HST (Non Refundable).
	Mailing Address: NB Power, Renewable Energy Specialist, PO Box 2000, 515 King Street, Fredericton NB, E3B 4X1

Applicant Signature	
Submission	<p>_____</p> <p>Applicant Signature Date</p>
	<p>The proponent provides this statement to NB Power knowing that NB Power will rely on this information. All statements are true or believed to be true and are not intentionally misleading. In signing this form the proponent understands that the assessment is for assessing capacity of generation interconnection. The outcome of this assessment does not imply approval is granted. (rev 2015/11/30)</p>

Assessment Details: Internal Use Only	
Internal Use Only	1. Point of Interconnection: Line _____ Section: _____ Pole: _____
	2. Capacity allowed: _____ <input type="checkbox"/> kW <input type="checkbox"/> MW
	3. Distribution System Upgrades Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Distribution Planning Consulted: <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Distribution Planning Feedback: _____
	6. Letter Sent to Proponent: <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Cheque Deposited: <input type="checkbox"/> Yes <input type="checkbox"/> No