



Énergie NB Power

Embedded Generation Interconnection Application

Applicant Information

Applicant	Company Name:	Address:	
	Primary Contact:	City:	Postal Code:
	Daytime Phone:	Developer Information (Project Partner) if applicable	
	Fax:	Company Name	
	E-Mail:	Primary Contact:	
		Daytime Phone:	

Project Information

Project	Electrical Contractor:	Engineering Consultant:
	Primary Contact:	Proposed In-Service Date:

Local Ownership Declaration

Local Ownership	<p>This application is made and entered into this ____ day of _____, 20__ by _____, for the locally owned entity called _____ (hereinafter called 'The Proponent'). The Proponent declares that it is a local entity with the intent to install and interconnect a generator to the NB Power distribution system.</p> <p>The proponent proposing the project is: (Check which one applies)</p> <p><input type="checkbox"/> Local Entity</p> <p><input type="checkbox"/> An Aboriginal Business</p> <p><input type="checkbox"/> An individual who is a resident of the province of New-Brunswick</p> <p><input type="checkbox"/> A sole proprietorship, the proprietor of which is a resident of the province of New-Brunswick</p> <p><input type="checkbox"/> A corporation as defined in the <i>Business Corporations Act</i> and in which a majority of the voting shares is beneficially owned or controlled, directly or indirectly by one or more individuals who are residents of the province of New-Brunswick</p>
	<p>Applicant _____ Signature _____ Date _____</p>

Fee for Application

Fee Statement	<p>The Proponent will include a non refundable payment of \$10,000 +HST to cover the costs of completing the system impact assessment, engineering design work and administrative costs. This payment <u>will not</u> be covering any distribution system upgrades, interconnection material and labor costs for connecting the generator to the distribution system.</p>
	<p>_____</p>



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Generator Information

Generator	1.	Rated KVA:
	2.	Nameplate Capacity (kW):
	3.	Rated Power Factor:
	4.	Rated Voltage at Generator (V):
	5.	Generator Connection: <input type="checkbox"/> Delta <input type="checkbox"/> Wye <input type="checkbox"/> Grounded Wye
	6.	Generator Type <input type="checkbox"/> Synchronous <input type="checkbox"/> Induction <input type="checkbox"/> Other If other please explain: _____
	7.	Synchronizing Method: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual
	8.	Manufacturer:
	9.	Model:
	10.	Energy Source: <input type="checkbox"/> Biogas <input type="checkbox"/> Biomass <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydro <input type="checkbox"/> Other If other please explain: _____

Inverter Information (if applicable)

Inverter	1.	Rated Capacity (kW):
	2.	Manufacturer:
	3.	Model:

Additional Information

Additional	Please enclose a copy of the following information with your application:	
	1.	One-Line Diagram: Showing protection equipment, breakers/fuses, transformers, generators, and load equipment
	2.	Site Location Map: Including topographical details, buildings, and proximity to NB Power's overhead and underground conductors, and utility easements.
	3.	Manufacturer's Technical Specifications for: Generator Impedance Inverter (Inverter Type, Output Voltage) Unit Transformer (Rated KVA, Winding Config (Delta, Wye)) Generator Protection Interconnection Protection

Submission Information

Submission	_____		
	Applicant	Signature	Date
The customer 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. Connection cannot be made until agreement between parties is signed and all terms and conditions of the contract are met.			

Assessment Details: Internal Use Only

Internal Use Only	1.	Point of Interconnection assessed: 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.	Payment Deposited: <input type="checkbox"/> Yes <input type="checkbox"/> No