



SEWARD ELECTRIC
APPLICATION TO INTERCONNECT
 (Not to exceed 25KW total output)

Applicant hereby gives notice of intent to operate an interconnected Distributed Resource facility as outlined in the City of Seward Code Section 14.15.415 Interconnection Requirements. **Please Note: This is an application only; permission to interconnect is not granted until an Interconnection Agreement has been completed between the Seward Electric and the Applicant.**

Section 1 - Contact Information

Applicant Name	E-Mail Address		
<hr/>			
Mailing Address	City	State	Zip Code
<hr/>			
Day Time Phone Number	Alternate Phone / Cell Number		
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Installer Name	Phone Number		
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Company Name	Electrical / Contractor license number(s)		
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Section 2 – Interconnect & Installation Information

Address of Project/Interconnection: _____

Applicant's Account Number (If applicable): _____ Residential Commercial

Is there an existing alternative power source at location? Yes No

Total proposed aggregate generation for this site (kW AC): _____

Distributed Resource / Inverter	#1	#2	#3
Energy Source / Type			
Manufacturer Name			
Model Name & # (Specific)			
Nameplate Rating (kW AC)			
Nominal Voltage (Volts AC)			

Note: If more than 3 Distributed Resource / Inverters will be used you must complete a separate attachment with the information above

Proposed Installation Date: _____ Proposed Interconnection Date: _____

Section 3 – Certification

The interconnection protection system is tested and listed for compliance with the published edition of Underwriters Laboratories (UL) 1741 including the anti-islanding test. The system (is / will be) installed in compliance with IEEE 929 and or IEEE 1547 as applicable, all manufacturer specification, the National Electric Code and all local codes. No protection settings affecting anti-islanding have been or will be adjusted or modified.

I hereby certify that, to my best knowledge, all information provided in this application is true and correct and the proposed alternative power source will comply with the Interconnection Standard stated above.

Signature of Applicant _____

Date _____

NOTE: A 1-line electrical drawing of installation must accompany application. Submit application to:

**City of Seward Electric Department
238 5th Ave
Seward, Alaska 99664
Attn: Interconnect Application Processing**

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Office use only

Please note signature by a Seward Electric representative only signifies receipt of application and not project approval.

Received by (Print Name): _____

Date: _____

Signature of Representative: _____

Date: _____

.....
Date

Initials

_____ _____ Application completed and signed

_____ _____ I-line received

_____ _____ Proposal referred to Seward Electric for review

_____ _____ If review approved, customer is notified when install is complete

_____ _____ Building department signs off on install

_____ _____ System inspected by Seward Electric (Pass or Fail)

_____ _____ Bi-directional meter installed and interconnect completed