

# CAPE HATTERAS ELECTRIC COOPERATIVE

## APPLICATION TO INTERCONNECT

### SMALL GENERATION 100 KW OR LESS

Customer hereby gives notice of intent to operate an interconnected generating facility pursuant to the "Standard for Interconnecting Small Generation 100 kW or Less with Electric Power Systems (Interconnection Standard)". Permission to interconnect is not granted until an Interconnection Agreement has been completed and certification by a professional engineer licensed in North Carolina that the installation is in compliance with all regulations has been received.

#### **Section 1: Contact Information**

**Member (Name):** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**US Mail Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_ **Alternate Phone / Cell Number:** \_\_\_\_\_

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**Installer (Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**US Mail Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Electrical / Contractor license number(s):** \_\_\_\_\_

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**Electrical Inspector (Name):** \_\_\_\_\_ **County:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### **Section 2: Generator and Facility Information**

**Facility Location (if different from above):** \_\_\_\_\_

**Member Type:** Residential  Commercial  Other \_\_\_\_\_

**Is there an existing interconnected generator at this facility:** Yes  No

**Total proposed aggregate generation output rating at this site (kW):** \_\_\_\_\_

<b>Generator / Inverter</b>	<b># 1</b>	<b># 2</b>	<b># 3</b>
<b>Energy Source / Type</b>	_____	_____	_____
<b>Manufacturer Name</b>	_____	_____	_____
<b>Model Name &amp; # (Specific)</b>	_____	_____	_____
<b>Nameplate Rating (kW AC)</b>	_____	_____	_____
<b>Nominal Voltage (Volts AC)</b>	_____	_____	_____

(Note: If more than 3 Generators / Inverters will be used, complete a separate attachment with the information above.)

**Section 3: Installation Information**

Proposed Installation Date: \_\_\_\_\_

Proposed Interconnection Date: \_\_\_\_\_

**Section 4: Certification**

The interconnection protection system is tested and listed for compliance with the latest 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 specifications, 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 the best of my knowledge, all of the information provided in this Application is true and correct and the generator will comply with the Interconnection Standard stated above.

**Signature of Member** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Attach application fee and 1-line (electrical drawing of installation) with application.

Submit Application to Cooperative Representative:

Cape Hatteras Electric Cooperative  
Manager of Engineering & Operations  
Post Office Box 9  
Buxton, NC 27920-0009

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Cooperative Use Only: Note: Only signifies receipt of this form.

This application received by Cape Hatteras Electric Cooperative

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cooperative Representative)

Cape Hatteras Electric Cooperative Interconnection Agreement  
Effective: