



## Application for Commercial Customer-Owned Electric Generating System License

### Appendix A- Customer-Owned Electric Generating Systems License

#### A. Application Information

Name \_\_\_\_\_ Utility Account # \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Install Address [If different from above] \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

#### B. Generation/Project System Information

1. Type of System      Solar PV Array      Fuel Cell      Wind      Hydroelectric

2. Project Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ Model/Type/Style \_\_\_\_\_  
 Nameplate Data \_\_\_\_\_  
 Voltage & Frequency \_\_\_\_\_ Maximum kW output \_\_\_\_\_

3. Type      Synchronous Inverter      Synchronous Generator      Induction Generator

Manufacturer Name and Model No: \_\_\_\_\_  
 Serial Number \_\_\_\_\_ Power Rating \_\_\_\_\_  
 Location Indoor Outdoor Location on Proper \_\_\_\_\_ Nameplate  
 Data \_\_\_\_\_ Voltage & Frequency \_\_\_\_\_ Operation  
 Power Factor \_\_\_\_\_

4. Site Location of System on Property: **Please attach a site plan for the install location.**



**C. Generation System Designer and Installation Contractor Information [if applicable]**

1. Design Consultant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Installation Contractor \_\_\_\_\_ Contractor License No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**D. Installation**

1. Proposed Start of Installation Date \_\_\_\_\_

Proposed Completion Date \_\_\_\_\_

2. Applicant to submit with this form a one-line electrical diagram for proposed generation and electrical system, including metering points in relation to Springville City Power’s electrical system and the customer’s generating system location.

3. Applicant to submit with this form a written description of the protection device schemes as described in the Net Metering Standards.

**E. Fee**

Applicant to submit a non-refundable fee to Springville City for the review and processing of the license application as shown in the Springville City Comprehensive Fee Schedule.

I agree to comply with all city, state and federal electrical laws, ordinances and codes. The representations in this Net Metering License Application are true and accurate. Any misrepresentation or errors herein, are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to the jurisdiction, its enforcing officers or agents, and may result in the termination of any License granted hereunder.

**A final inspection and approval are required before the system will be connected.**

Applicant Name \_\_\_\_\_ DATE \_\_\_\_\_

Applicant Signature \_\_\_\_\_