

**City of Red Bud Standard Distributed Generation Interconnection  
Interconnection Request Application Form  
(Lab-Certified) Inverter-Based Distributed Generation Facilities 25KW<sub>AC</sub> and Smaller**

**Interconnection Applicant Contact Information**

Customer Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Alternative Contact Information (if different from Primary Contact Information)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Equipment Contractor**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Electrical Contractor (if Different from Equipment Contractor):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contractor License number: \_\_\_\_\_

Active License?      Yes                  No

Registered with Municipality?                      Yes                      No  
Is the Interconnection Customer requesting Net Metering?                      Yes                      No

**Distributed Generation Facility (“Facility”) Information**

Facility Address: \_\_\_\_\_

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

City of Red Bud serving Facility site: \_\_\_\_\_

Account Number of Facility site: \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Is the inverter lab-certified as that term is defined in the Illinois Distributed Generation Interconnection Standard?                      Yes                      No

(If yes, attach manufacturer’s technical specifications and label information from a nationally recognized testing laboratory.)

Generation Facility Nameplate Rating: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts)

Prime Mover:                      Photovoltaic                      Turbine

Energy Source:                      Solar                      Wind

In-Service Date: \_\_\_\_\_

(If the In-Service Date changes, the interconnection customer must inform the City of Red Bud as soon as it is aware of the changed date.)

**Insurance and Licensing Disclosure**

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The customer’s installation contractor must be licensed in the State of Illinois and must possess commercial general liability insurance coverage of at least \$1,000,00 per occurrence and \$2,000,000 in the aggregate per year. The interconnection customer shall provide the Utility with proof of such coverage at the time of entering into this interconnection agreement. The interconnection customer shall carry general liability insurance coverage, such as, but not limited to, homeowner’s insurance.

**Customer Signature**

I hereby certify that: (1) I have read and understand the terms and conditions which are attached hereto by reference; (2) I hereby agree to comply with the attached terms and conditions; and (3) to the best of my knowledge, all of the information provided in this application request form is complete and true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**Conditional Agreement to Interconnect Distributed Generation Facility**

By its signature below, the City of Red Bud has determined the interconnection request is complete. Interconnection of the distributed generation facility is conditionally approved contingent upon the attached terms and conditions of this Agreement, the return of the attached Certificate of Completion, duly executed verification of electrical inspection and successful witness test.

City of Red Bud Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Certificate of Completion

To be completed and returned to the City Superintendent when installation is complete and final electric inspector approval has been obtained\*

### **Interconnection Customer Information**

Customer Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Installer**

Check if owner-installed

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Final Electric Inspection and Interconnection Customer Signature**

The distributed generation facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The interconnection customer acknowledges that it shall not operate the distributed generation facility until receipt of the final acceptance and approval by the City as provided below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of interconnection customer)*

Printed Name: \_\_\_\_\_

Check if copy of signed electric inspection form is attached

Check if copy of as built documents is attached (projects larger than 10 kVA only)

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**Acceptance and Final Approval for Interconnection (for utility use only)**

The interconnection agreement is approved and the distributed generation facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by City :

City Waives Witness Test? (Initial) Yes (  ) No (  )

If not waived, date of successful Witness Test: \_\_\_\_\_ Passed: (Initial) \_\_\_\_\_

City of Red Bud Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

\* Prior to interconnected operation, the interconnection customer is required to complete this form and return it to the City.