

GENERATOR INTERCONNECTION APPLICATION

AGGREGATE GENERATOR OUTPUT 20 kW OR LESS
Also Serves as Application for Category 1 Distributed Generation

Electric Utility Contact Information

Alpena Power Company
Jason Repke, Interconnection Coordinator
401 N. Ninth Avenue
Alpena, MI 49707
(989) 358-4952
jr@alpenapower.com

For Office use only

Application Number: _____
Application Date: _____
Application Time Received: _____

Customer / Account Information

Electric Utility Customer Information: (As shown on utility bill)

Customer Name (Last, First, Middle): _____

Customer Mailing Address: _____

Customer Phone Number: _____

Customer E-mail Address (Optional) _____

Electric Service Account Number: _____

Electric Service Meter Number: _____

Are you applying for the Distributed Generation Program? Yes No

Generation System Site Information

Physical Site Service Address (if not Billing Address): _____

Annual Site Requirements Without Generation, in Kilowatthours: _____ kWh/year

Peak Annual Site Demand in Kilowatts (only for customers billed on demand rates): _____ Kw

Site Plan Attached: Yes

Electrical One-Line Drawing Attached: Yes

Generation System – Manufacturer Information

System Type (Solar, Wind, Biomass, Fuel Cell, Geothermal, etc): _____

Generator Type (Inverter, Induction, Synchronous): _____

Generator Nameplate Rating: _____ kW

Expected Annual Output in Kilowatthours: _____ kWh/year

A.C. Operating Voltage: _____

Wiring Configuration (Single Phase, Three Phase): _____

Certified Test Record No. (Testing to standard UL 1741 scope 1.1a): _____

Inverter Based Systems

Manufacturer: _____

Model (Name/Number): _____

Inverter Power Rating(kW): _____

Induction & Synchronous Based Systems

Manufacturer: _____

Model (Name/Number): _____

Installation Information

Project Single Point of Contact: (Electric Utility Customer, Developer, Electrician, Vendor, or other)

Name: _____

Company (If Applicable): _____

Phone Number: _____

E-mail Address: _____

Requested In Service Date: _____

Installation Contractor (If not Self): _____

Contractor Contact Name: _____

Contractor Phone Number: _____

Contractor E-Mail: _____

Customer and Contractor Signature and Fees

___ Attached \$ 75 Interconnection Application Fee Check # _____ **or**

___ Attached \$ 125 combined Interconnection & Distrb. Generation Program application fees (Check# _____)

(Sign and Return completed application with Application Fee to Electric Utility Interconnection Coordinator)

To the best of my knowledge, all the information provided in this Application Form is complete and correct.

Customer Signature

Contractor Signature (if applicable)

Note: Refer to the applicable "Michigan Electric Utility Generator Interconnection Requirements" for a detailed explanation of the Interconnection Process and Technical Requirements.