Taunton Municipal Lighting Plant

55 Weir Street
Taunton, MA 02780
508-824-6976
www.tmlp.com

Application for Customer-Owned Generation < 60 kW

Instructions: Please fill out this application completely. The system should be designed for a power factor of 1.
See Interconnections Terms and Conditions for more information on the application process.

TMLP Customer Information (Required) Today's Date:_____

Customer of Record: _____ Customer Type: □ Owner □ Tenant

Phone: _____ Email: _____

Account Number (on bill): 5_____-1_____

Property Owner Name (if different): _____ Property Owner Phone: _____

Address of Interconnection Facility: _____City: _____

Installing Contractor/Coordinating Company Information (Required)

Company Name: _____

Company Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (Required): _____

Facility Information

System #1

Status: □ Proposed □ Existing □ Removal Type: □ Solar □ Battery □ Wind □ Hydro □ Other

Inverter/Battery Manufacturer: _____

Model Name and Number: _____

Quantity Used: _____ AC Nameplate kVA rating (per unit): _____

DC Nameplate rating (solar only): _____kVA Supply: □ Single Phase □ Three Phase

Total System #1 AC Design Capacity: _____ kVA Total System #1 DC Design Capacity: _____ kVA

UL Listed? □ Yes □ No

Total Continuous System #1 AC kVA Output Available to Backfeed onto Electric Utility System: _____ kVA
(Note: Enter 0 if for emergency off-grid backup purposes only)

Estimated Construction Start Date: _____/_____/_____ Estimated Completion Date: _____/_____/_____

Interconnection Facility Information (continued)

System #2

Status: □ Proposed □ Existing □ Removal Type: □ Solar □ Battery □ Wind □ Hydro □ Other

Inverter/Battery Manufacturer: _____

Model Name and Number: _____

Quantity Used: _____ AC Nameplate kVA rating (per unit): _____

DC Nameplate rating (solar only): _____kVA Supply: □ Single Phase □ Three Phase

Total System #2 AC Design Capacity: _____ kVA Total System #2 DC Design Capacity: _____ kVA

UL Listed? □ Yes □ No

Total Continuous System #2 AC kVA Output Available to Backfeed onto Electric Utility System: _____ kVA
(Note: Enter 0 if for emergency off-grid backup purposes only)

Estimated Construction Start Date: _____/_____/_____ Estimated Completion Date: _____/_____/_____

System #3

Status: □ Proposed □ Existing □ Removal Type: □ Solar □ Battery □ Wind □ Hydro □ Other

Inverter/Battery Manufacturer: _____

Model Name and Number: _____

Quantity Used: _____ AC Nameplate kVA rating (per unit): _____

DC Nameplate rating (solar only): _____kVA Supply: □ Single Phase □ Three Phase

Total System #3 AC Design Capacity: _____ kVA Total System #3 DC Design Capacity: _____ kVA

UL Listed? □ Yes □ No

Total Continuous System #3 AC kVA Output Available to Backfeed onto Electric Utility System: _____ kVA
(Note: Enter 0 if for emergency off-grid backup purposes only)

Estimated Construction Start Date: _____/_____/_____ Estimated Completion Date: _____/_____/_____

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to TMLP's Terms and Conditions for Residential and Commercial Interconnection:

Interconnecting Customer Signature: _____ Date: _____

*Please attach manufacturer's document showing UL1741 listing to this document and send to above address, along with an electrical schematic/one-line diagram showing facility interconnection, main utility metering and any premises sub-metering.

Approval to Install Facility (for TMLP use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required (Are system modifications required? □ Yes □ No □ To Be Determined).

APPROVAL: Sustainability Department Sign-off:_____ Date: _____

APPROVAL: Transmission and Distribution Department Manager:_____ Date: _____

APPROVAL: General Manager:_____ Date: _____

FINAL INSPECTION

APPROVAL: Meter Dept. Manager:_____ Date: _____

TMLP ID: _____ Circuit: _____ Date: _____