

City of Wadsworth
Wadsworth Electric and Communications Division
Commercial Interconnection Application for Facilities with an Inverter Capacity of
under 200kW

Contact Information

Legal Name and address of Interconnecting Customer-Generator applicant

Customer or Company Name: _____

Address of Interconnection Customer Facility _____

Mailing Address, if different from above: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime) _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (e.g., system installation contractor)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone (Daytime) _____ (Evening): _____

Facsimile Number: _____ E-Mail Address _____

The Customer-Generator Facility Information

Facility Address: _____

City/Township _____ State Ohio Zip Code _____

Account Number _____ Meter Number _____

Current Annual Energy Consumption: _____ Estimated Installation Date: _____

Estimated In-service Date _____

Existing Service Entrance Ampere Rating: _____

Existing Service Entrance Voltage Rating: _____

Inverter Information

Inverter Manufacturer _____

Inverter Model Name and Number _____ Quantity Used _____

Inverter Rating: _____

Amps AC _____

Number of Phases _____

Voltage rating _____ Vac

Frequency _____ Hz

Energy Source: Solar _____ Wind _____

IEEE1547/UL1741 Listed? Yes _____ No _____

Do you plan to export Power Yes _____ No _____

If yes, Estimated Maximum _____ kWac

Estimated Gross Annual Energy Production _____ kWh

Location of Generation & Protective Interface Equipment

Location of Utility Accessible Lockable Disconnect (s)

One Line Diagram attach separate document showing a one line diagram of electric Facilities from the street electrical Meter to the Generating Facility equipment

Site Plan attach separate document showing a Plot plan of the facility include Street Building, Street Electric Meter, Lockable Disconnect and Generating equipment.

Test Plan attach a separate test document explaining how generator facility power will be tested to prove that no electricity will be put back into the Wadsworth Electric distribution system during loss of street power.

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information in this application is true:

Interconnecting Customer Signature:

Name _____

Date _____

Please return this document with attachments to:

William C. Lyren
Manager of Electric and Communications
City of Wadsworth
120 Maple Street
Wadsworth, Ohio 44281
wclyren@wadsworthcity.org

Approval to Install Facility (For Wadsworth Electric and Communications use only)

Installation of the Facility is approved contingent upon the terms and conditions of the Interconnection Agreement and agreement to any system modifications, if required (Are system modifications required? Yes _____ No _____)

Wadsworth Signature _____

Title _____

Date _____