

4. APPLICATION FORM AND DECLARATION BY CUSTOMER/GENERATOR/HOME OWNER/CONTRACTOR



APPLICATION FOR THE CONNECTION OF SMALL-SCALE EMBEDDED GENERATION (SSEG)

Erf No	Gamtoos Mouth	Register No

Name of Account Holder:	Name:		Title:	
	ID No:			
Postal Address:	Postal Address:		Account Number:	
Account Number:				

Contact Details:		Office	Mobile
	Telephone Number:		
	Facsimile Number:		
	Email Address:		

Project Physical Address:	
GPS Co-ordinates:	

Construction Schedule:	Project construction start date	
	Projected in-service of embedded generation	

		Comment	✓
Model of Embedded Generation: (Tick appropriate box)	Energy from Embedded Generation to be used within a consumer's electricity network and no excess energy to be exported to the GAM HOA electricity distribution network.	No changes to existing metering is required	
	Energy from Embedded Generation to be used within a consumer's electricity network and excess to be exported to the GAM HOA electricity distribution network.	Meter to be changed to approved bi-directorial 4-quadrant unit	

We hereby agree to abide by the condition of this agreement.

a) This agreed and signed at _____ by the Customer/Generator/Homeowner on the _____ day of _____ 20 ____.

As witness :

Customer/Generator/Home owner

b) This agreed and signed at _____ by the GAM HOA representative on the _____ day of _____ 20 ____

As witness:

GAM HOA Representative

c) This agreed and signed at _____ by the Contractor/Installer on the _____ day of _____ 20 ____

As witness :

Contractor /Installer

5. INSTALLER & INSTALLATION DETAILS

Energy Source for Embedded Generations:
(e.g. Coal, Gas, Biogas, Wind, Photo-Voltaic, etc.)

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Site Plan:

Attached Site Plan to show position of Embedded Generation	
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Land use Zoning:			
Preliminary Design:			
Total Capacity of Embedded Generation (kVA and PF): (Attach schedule for each unit if more than one generation unit and location)			
Total Capacity of Energy Storage: (e.g. the quantity of back-up batteries and total capacity in watthours)			
Total Export Generation Capacity (kVA and PF): (Maximum power intended for export into GAMHOA electricity distribution network)			
Make and Model of Generating / Converter Unit:			
Electrical Parameters of Generator and Unit Transformers			
Protection Details:	Method of synchronizing: (Auto/manual, make and type of relay, etc.)		
	Method of anti-islanding: (Details of scheme, relays to be used, etc.)		
	Method of generator control: (AVR, speed, power, PF, excitation system requirements, etc. relays to be used.)		
	Other main protection to be applied: (O/C, E/F, over/under voltage, over/under frequency, reverse power, back-up impedance, generator transformer back-up earth fault, HV breaker fail, HV breaker pole disagreement, etc.)		

INSTALLER DETAILS

Installer:			
Accreditation/Qualification:			
Professional Registration:		Reg No.	
Address:			

				Postal Code:	
Contact Person:					
Telephone No.:	Office:		Mobile:		
Facsimile:		Email address:			
Contact Person:					

Any other additional information:

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I declare that this installation has been designed to comply with the requirements of the Gamtoos Mouth Home Owners Association and the NMBM SSEG Regulations.

Application completed by the Installer

Name:	Title
ID:	

Professional Registration Category:
(e.g. Pr Eng or Pr Tech Eng)

	Reg No.	
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This agreed and signed at _____ on _____

Signed (Installer)

Date:

Signed (Business Partner):

Date:
