

City of Payson Net Metering Program

Application for interconnection review

Please carefully read all of the following information. With the help of your Installation Contractor, fully complete the form for Solar and Wind Electric Equipment, as well as Payson Cities Net Metering Agreement.

Building Permit Number _____

Customer Name: _____

Customer Address: _____

Contact Name: _____

Phone Number _____ Fax Number _____

Solar Electric Equipment Information

A: EQUIPMENT INFORMATION

1. Solar Electric Module Manufacturer: _____ Module Model Number: _____

2. Power Rating per Module: _____ DC Watts Number of Modules: _____

3. Total Array Output: _____ DC Watts (No. of Modules x Power Rating)

4. Inverter Manufacturer: _____ Inverter Model Number: _____

5. Inverter's Continuous AC Rating: _____ AC Watts

Number of Inverters: _____

6. Total Inverter Output: _____ AC Watts
(Inverter Continuous AC Rating x Number of Inverters): _____

7. Inverter's Peak Efficiency: _____ (Refer to manufacturer's peak efficiency rating)

B: EQUIPMENT LOCATION

1. Solar Electric Array Location: _____ Rooftop _____ Pole Mount or _____ Ground Mount Location:

2. Solar Electric Module Orientation: _____ degrees (e.g., 180 degrees magnetic south)

3. Solar Electric Module Tilt: _____ degrees (e.g., flat mount = 0 degrees; vertical mount = 90 degrees)

4. Solar Electric Module Tracking: _Fixed _Single-axis _Double-axis

5. Inverter Location ____ Indoor _____ Outdoor Location:

6. Utility-Accessible AC Disconnect Switch Location:

7. System Type and Mode of Operation:

- Utility interactive (parallel/capable of back feeding the meter)
- Dedicated circuit, utility power as backup (transfer switch)
- Stand-alone (system confined to an independent circuit, no utility backup)

8. A one-page site map and system single line must accompany this application. This document must indicate the location of the solar electric modules, the inverter, batteries (if any), lockable disconnect switch, and point of connection with the utility system. The installation address, current account number at the address, and the installer's name and telephone number must also be included on the site map.

9. Does this system include batteries or generator back up? ____ Yes ____ no
If yes, there may be additional review required.

10. System rated output (Section A, line 3 above): _____ DC Watts

Wind Electric Equipment Information

A: EQUIPMENT INFORMATION

1. Wind turbine Manufacturer: _____ Model Number: _____

2. Power Rating: _____ Watts

3. Inverter Manufacturer: _____ Inverter Model Number: _____

4. Inverter's Continuous AC Rating: _____ AC Watts

5. Number of Inverters: _____

6. Total Inverter Output: _____ AC Watts
(Inverter Continuous AC Rating x Number of Inverters): _____

7. Inverter's Peak Efficiency: _____ (Refer to manufacturer's peak efficiency rating)

B: EQUIPMENT LOCATION

1. System Type and Mode of Operation:

- Utility interactive (parallel/capable of back feeding the meter)
- Dedicated circuit, utility power as backup (transfer switch)
- Stand-alone (system confined to an independent circuit, no utility backup)

2. A one-page site map and system single line must accompany this application. This document must indicate the location of the Wind turbine, the inverter, batteries (if any), lockable disconnect switch, and point of connection with the utility system. The installation address, current account number at the address, and the installer's name and telephone number must also be included on the site map.

3. Does this system include batteries or generator back up? _____ Yes _____no
If yes, there may be additional review required.