TOWN OF CARDSTON
DISTRIBUTED-GENERATION APPLICATION

Micro-generation project: (1MW or less and meets micro-generation requirements) Yes___
Non-micro generation project: (less than 1 MW) Yes___

APPLICANT IDENTIFICATION	
Name:	Company name:
Address:	City:
Province: Postal code:	Phone: Fax:
Email address:	Preferred method of contact: Email___ Mail___ Fax___
Consultant name:	Consultant phone:
Consultant address/city/province/postal code:	
Other interested parties:	
PROJECT DESCRIPTION	
Legal land description:	Site ID:
Service address:	Retailer name:
If this is a Micro Generator project, have you notified your retailer about your project? Yes___ No___	
Generator type: Solar___ Wind___ Hydro___ Biomass___ Fuel cell___ Other___ Specify:	
Generator to utility interface: Inverter___ Non-Inverter___ Induction___ Synchronous___	
Generator rated capacity (kW): ____ Demand (kVA): ____	Customer annual consumption (kWh): _____
Voltage level of connection:	Phase: Single___ Three___
Is the electricity produced to be used primarily by the generation owner? Yes___ No___ If you are applying for a non MG project, are you selling electricity to the AESO? Yes___ No___	
Does your generator unit satisfy Anti-Islanding Clause CSA Standard C22.2 107.1? Yes___ No___	
If you are applying for a Micro Generation project, does your generator meet Micro-Generation Regulation's Renewable/Alternative Energy Definition? Yes ___ No ___	
Requested in service date (YYYY-MM-DD):	
SUPPORTING DOCUMENTS ATTACHED:	
Electric single-line diagram attached: Yes___ No___	Site plan: Yes___ No___
Has an electrical permit been obtained? Yes___ Not yet___	
Have you met all applicable municipal and zoning requirements, including noise rules? Yes___ No___ Please specify:	
* Have you met the requirements stated in AUC Rules 007 and 012? Yes___ No___ Please specify:	
* Have you met all applicable environmental requirements? Yes___ No___ Please specify:	
* Are you aware of any outstanding objections from nearby landowners Yes___ Please specify: No___	
Applicant signature:	**Date of application:**
TOWN of CARDSTON USE ONLY:	
Town of CARDSTON application reference #:	AESO asset ID (if any):
Date received:	Interconnection line:
Approval: Yes___ No ___ Reason(s) for disapproval:	
Interconnection Agreement Signed? Yes___ No___ Not Applicable ___	
Bi-directional Meter Type: Interval ___ Cumulative ___	Meter Installed Date:

* Note: If you have not met the requirements of the AUC Rules (ie. 007 and 012, including environment) or have objections from nearby landowners and residents you must apply to the AUC for approval.