Rooftop Solar Pilot Program Interconnection Request

Applicant Information

Name of Applicant/Company
Contact Person
Mailing Address
Phone Number
Email Address
Project Location
Project Address
Electric Service Account Number (if known)
System Information
Proposed System Size (kW DC)
Estimated Annual Production (kWh)
Panel Make/Model
Inverter Make/Model
Mounting Type (roof, ground, etc.)
Contractor/Installer Information
Company Name
Contact Person
Phone Number
Email Address

Contractor License Number
Supporting Documents
Site Plan Choose File No file selected
Single Line Diagram Choose File No file selected
Equipment Specification Sheets Choose File No file selected
Certification
☐ I certify that the information provided is true and correct to the best of my knowledge.
Signature
Date