## **Urban Neighborhood Microgrid Connection Permit**

Applicant Information	
Applicant Name	
Organization (if any)	
Address	
Email	
Phone	
Project Location	
Street Address	
City	
Zip Code	
Microgrid Details	
Type of Microgrid	
	•
Capacity (kW)	
Connection Point (substation or grid segment)	

Neighborhood Impact	
Number of Homes/Buildings Served	
Description of Service Area	
Community Benefits	
Supporting Documents	
Site Plan	
Technical Specifications	
Other	
Declaration	
I hereby certify that the above information is true and complete to the best of my knowledge.  Applicant Signature	
Date	