

# UTILITY DISTRIBUTION SYSTEMS DEPARTMENT APPLICATION FORM for Microgeneration Facilities

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Your generation facility must generate electricity from a renewable energy source that is wind, water, solar radiation, or agricultural biomass.

**Date of Application:** \_\_\_\_\_

**Proposed Generation In-Service Date:** \_\_\_\_\_

***Project Information:***

**Location** (Street Address/City / or Section/Township/Range, as applicable)

\_\_\_\_\_  
\_\_\_\_\_

**Owner:**

Company / Person: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Electrical Contractor / Consultant:**

Company / Person: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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<b>Residential</b> <input type="checkbox"/>	<b>Commercial</b> <input type="checkbox"/>	
<b>Inverter Type:</b>	<input type="checkbox"/> Mini	<input type="checkbox"/> Other
<b>Inverter Location:</b>	<input type="checkbox"/> Outside	<input type="checkbox"/> Inside
<b>Array Location:</b>	<input type="checkbox"/> Roof	<input type="checkbox"/> Other
<b>One Line Drawing Attached:</b>	<input type="checkbox"/> Appendix 2	<input type="checkbox"/> Appendix 2-1 <input type="checkbox"/> Appendix 3
<b>Development Permit Attached:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Payment Attached:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A fee of \$450 applies to all microgeneration applications.

**A Site Plan must be provided**

Site Plan (Sketch) to show existing electric service to building (overhead or underground), proposed location of solar array, wind turbine, etc. and how DC/AC supply line will be installed to the residence / building.

**Comments:**

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**Note:** *City of Medicine Hat Utility Distribution Systems will inform you if additional information is required.*

<b>Applicant:</b> _____	<b>Date:</b> _____
Signature	(dd/mm/yy)
<b>Applicant:</b> _____	
Printed Name	
<b>Contractor:</b> _____	<b>Date:</b> _____
Signature	(dd/mm/yy)
<b>Contractor:</b> _____	
Printed Name	

**Please return this form by Email or mail to:**

City of Medicine Hat  
Utility Distribution Systems  
2172 Brier Park Place NW  
Medicine Hat, AB T1B 1S6  
Email: [eleccomm@medicinehat.ca](mailto:eleccomm@medicinehat.ca)