

**Mansfield Municipal Electric Department**  
**Solar PV Generating Facility Interconnection Application**

**Contact Information:**

Date Prepared: \_\_\_\_\_

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Alternative Contact Information** (e.g., system installation contractor or coordinating company, if appropriate):

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**PV System Information:**

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electric Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_ Model Name and Number: \_\_\_\_\_

Nameplate Rating: \_\_\_\_ (kW) \_\_\_\_ (AC Volts) Single \_\_\_\_ or \_\_\_\_ Three Phase

DC-STC rating: \_\_\_\_ (KW) IEEE 1547.1 (UL 1741) Listed? Yes \_\_\_\_ No \_\_\_\_

Max Design Fault Contribution Current? \_\_\_\_ Inst \_\_\_\_ or \_\_\_\_ RMS

Harmonics Characteristics: \_\_\_\_ Start up power requirements: \_\_\_\_

Generating Unit Power Factor Rating: \_\_\_\_

Will a transformer be used between the generator and the point of interconnection Yes \_\_\_\_ No \_\_\_\_

Planning to Export Power? Yes \_\_\_\_ No \_\_\_\_

Estimated Install Date: \_\_\_\_ Estimated In-Service Date: \_\_\_\_

**The resale of electricity from a third party is not allowed in MMED territory; therefore any DG system must be owned by the MMED customer. For billing policies please refer to MMED's net metering policy.**

**Additional Information required -- Attach this information to this application**

1. An electrical one line diagram showing the configuration of all generating facility equipment, current and potential circuits, and protection and control schemes with a Massachusetts registered professional engineer (PE) stamp.
2. Enclose a copy of any applicable site documentation that describes and details the operation of the protection and control schemes.
3. Enclose copies of applicable schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).
4. Site plan showing the proposed installation.
5. Any other information pertinent to this installation.
6. Upon receipt of this application, MMED may request additional information.

**Customer Signature**

- I hereby certify that, to the best of my knowledge, all of the information provided in this application is true.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MMED Approval**

Circuit: \_\_\_\_\_ Solar Capacity on Circuit: Y or N

APPROVAL: Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL: Line Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL: Meter Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL: Electrical Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL: General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Inspection**

APPROVAL: Meter Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL: Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL: Electrical Engineer: \_\_\_\_\_ Date: \_\_\_\_\_