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APPLICATION FOR THE CONNECTION OF SOLAR PV EMBEDDED GENERATION

This application form is for the connection of an inverter-based solar photovoltaic (PV) generation to the electrical grid of Cape Agulhas Municipality. It applies to residential, commercial or industrial customers. **Applications for systems up to and including 1MVA may use this form**. Systems up to 350kVA fall within the NRS097-2-3 simplified connection criteria and thus are unlikely to require grid impact studies for their approval to be considered. Systems between 350kVA and 1MVA exceed the parameters of the NRS097-2-3, and thus may require grid impact studies before their approval is considered. The municipality will advise if such studies are required after this application form is submitted. For systems over 1MVA, please engage with the Cape Agulhas Municipality's Electricity Department separately before filling in this form.

It is recommended that this form be filled in by a PV installer familiar with the technical details of the intended generation technology. ECSA-registered professional engineer or technologist sign-off of the Commissioning Report is mandatory, but such sign-off is not required at the Application stage.

If the applicant does not yet have an electricity connection, an application for a new connection will need to be submitted together with this application form.

PLEASE NOTE: FAILURE TO PROVIDE ALL RELEVANT INFORMATION AS REQUIRED BELOW MAY LEAD TO DELAYS IN THE APPLICATION PROCESS

Project name:		Nominal AC capacity (kVA):		
System type (tick):	Rooftop	Ground mounted	Building integrated	

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SECTION A: Applicant, Property and Installer information

Property Erf number:										
Physical address:										
Township / Suburb / Farr	n:	Pos	st cod	e:						
Site GPS coordinates:	Latitude (dd mm ss)		S		0		1		V	
	Longitude (dd mm ss)		Ε		0		1		~	

Account Holder Details*

Name:	
Municipal account	
number	
Telephone Number:	Land: Mobile:
Email Address:	

* - if the applicant does not yet have an electricity connection, this should be stated above and an application for a new connection will need to be submitted together with this application form.

Installer Details

Company name:		
List any professional memberships, certifications etc.:		
Address:	Physical:	Postal:
Website:		
Contact Person Name:		
Telephone:	Land:	Mobile:
Email address:		

Construction Schedule

Anticipated	Anticipated	
Construction Start Date:	Commissioning Date:	

SECTION B: Embedded Generator Technical Information

Solar PV Embedded Generator (EG) system details

Existing main switch:	Voltage (V):	Voltage (V): Current (A):						
Total inverter AC		Total PV panel (nameplate)						
capacity (kVA):	capacity (kWp):							
Grid Connection mode	Energy from PV system to be used solely within the consumers							
(tick appropriate):	electricity network	and no excess power to be	exported to					
	Municipal Electricity	Distribution network at any tim	ie (i.e. reverse					
	power blocking to be installed)							
	Energy from PV syst	em to be used within consum	ers electricity					
	network and excess	power to be exported to Munic	ipal Electricity					
	Distribution network							
	Energy from PV syste	m to be used solely for exportin	g to Municipal					
	Electricity Distributio	n Network						
Does the EG include	Yes		No					
storage capabilities (tick	Capacity (kWh):							
appropriate):								
Earthing arrangements i.e. TN-C-S:								

Estimated Consumption and Generation Levels

Current electricity consumption/month (kWh)	Range from:	to:	
Estimated average output of solar PV/month (kWh)	Summer:	Winter:	
Monthly reverse feed (export) estimation (kWh)	Summer:	Winter:	
Maximum (peak) expected export power onto Municipal grid (kVA)			

Preliminary design details:

Attach a preliminary circuit diagram and design showing major components, proposed point of common coupling, isolating and interfacing devices with the municipal electrical network, protection schemes, customer electrical installation, earthing arrangements, etc.

Inverter Details

Manufacturer:		
Model:		
Number of Inverters:		
Inverter AC rating (kVA):	Each:	Total (if multiple):
Number of Phases*:	Single Phase (√)	Three Phase (√)
Is the inverter/s certified this application):	according to NRS 097-2	2-1? (test certificate must be attached to

* - see NRS097-2-3 for phase balancing requirements

SECTION C: Regulatory requirements and standards

List of regulatory approvals, requirements and references that the installation will comply with:

(note that the latest version of all of the below standards are applicable)	\checkmark
NRS 097-2 : Grid interconnection of embedded generation: Part 2: Small scale embedded	
generation	
SANS 10142- Parts 1 to 4: The wiring of premises (as amended and published)	

NERSA license

Does the system require a license from NERSA? (tick)	No	
	Yes	

Clearance by other Municipal departments

SECTION	COMMENTS	NAME	SIGNATURE	DATE
Planning and Building				
Development				
Management				

Notes:

2.

1. Electricity Services Dept. will require **prior** approval from this department if necessary. Applications to connect to the municipal electrical grid will not be considered until relevant approval has been obtained.

Photovoltaic (PV) SSEG applications will require approval from Planning and Building Development Management if:

a) <u>Roof top installations:</u> PV panel(s) in its installed position projects more than 1.5m, measured perpendicularly, above the roof and/or projects more than 600mm above the highest point of the roof;

b) Installations on the ground: PV panel(s) in its installed position projects more than 2.1 metres above the natural/finished ground level.

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SECTION D: Declaration

I request the Cape Agulhas Municipality to proceed with a preliminary review of this embedded generation interconnection application, I agree to pay the cost associated with completing this review, and obtaining written consent of the Municipality, though such costs are unlikely except if grid studies are required. Should such grid studies be required, a quotation for such work will be provided beforehand, giving me the opportunity to cancel or modify the application should I wish to do so.

I further consent to the Municipality providing this information to the National Electricity Regulator of SA (NERSA) and other Distributors as required.

I declare that this installation has been designed such that it complies with the requirements laid out in the latest version of the Municipality's *Requirements for Embedded Generation* document. I agree not to interconnect and operate this proposed SSEG system without written approval from the Municipality to do this.

Account Holder/Property Owner Signoff:					
		Signature			
Name	Date	Signature			
Installer Signoff:					
Organisation name:					
Person:					
			,		
Name	Date	Signature			
Return completed form to the relevant of	ffice, or email address:				
Cape Agulhas Municipality					
Electro-Technical Services office					
2 Museum Street					
Bredasdorp					
Mr S.A.Cooper					
028 425 5604					
stevec@capeagulhas.gov.za					
sterede capeagamas.Beriza					

Attachments to this application checklist (tick)	\checkmark
Preliminary circuit diagram	
Inverter type test Certificate of Compliance and Test Report according to NRS 097-2-1, issued by accredited 3 rd party test house	
Inverter type test Certificate of Compliance and Test Report according to NRS 097-2-1, issued by accredited 3 rd party test house	

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FOR OFFICE USE

Date Application Received:		Application Reference No.
Further Information Required	YES / NO	Date Received:
Inspection Required	YES / NO	Date Undertaken:
More detailed studies Required	YES / NO	Date Complete:
Approved in Principle:	YES / NO	Date Applicant Advised:
COMMISSIONING:		
Commissioning Report received:	YES / NO	Date received:
Further information required:	YES / NO	Date Received:
Installation inspection:	YES / NO	Date inspected:
SSEG meter installation required.	YES / NO	Date installed:
Tariff change required.	YES / NO	Date changed:

Comments:			
DECOMMISSIONING:		_	
Decommissioning Report received:	YES / NO	Date received:	
			r
Decommissioning CoC received:	YES / NO	Date received:	