



EXHIBIT 2
APPLICATION FOR INTERCONNECTION

The following information shall be supplied by the Customer or Customer's designated representative. All applicable items must be accurately completed in order that the Customer's generating facilities may be effectively evaluated for interconnection with the Village of New Bremen's Electric System (Utility).

Section 1. Customer Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Service/Facility Location (if different from above): _____

Telephone (Daytime): _____ (Evening): _____

Customer Type: Commercial/Industrial Residential

Account Number: _____

Generating System will be owned by: Customer Lease to Own

Estimated in service date: _____ Estimated Installation Cost _____

Section 2. Generator Technical Information

Type(s) of energy resource to be installed (check all that apply):

Solar PV Solar thermal Wind Battery Natural Gas Diesel
 CHP- fuel cell CHP- gas turbine CHP- microturbine CHP- steam turbine
 CHP- reciprocating engine CHP- absorption chiller Other _____

Type of Generator: Inverter Synchronous Induction

Number of Generators: _____

Service Characteristics: 1 phase 3 Phase Power Factor _____ %

Connected voltage: _____

Have the Generator Manufacturer machine characteristics been supplied to Utility? Yes

Generator (or solar collector) Manufacturer, Model Name & Number: _____

For Synchronous Generators:

____ Xd% (Synchronous Reactance)

____ X'd% (Transient Reactance)

____ X''d% (Subtransient Reactance)

For Induction Generators Only: _____% Stator Resistance _____% Stator Leakage Reactance
_____ % Rotor Resistance _____ % Rotor Leakage Reactance

Output Power AC and DC Ratings in kW (per generator):

Anticipated monthly generation output in kWh: _____

Inverter Manufacturer, Model Name & Number (if used): _____

Inverter Continuous Rating and Surge Rating: _____ # Inverters: _____

Will your resource produce more power than consumed under the account (do you plan to export power)? Yes No

If yes, maximum amount of energy expected to be exported (kWh):

_____ per month _____ annually _____ instantaneous

Short Circuit Current Produced by Generator _____ Amps (if generator is 3 phase)
OR Single Phase (phase to phase) Fault Current _____

Layout sketch showing lockable, visible disconnect device attached? Yes

Will a disconnect device, accessible to the Municipality be installed? Yes

Section 3. Installation Details

The distributed energy system must be installed by a licensed professional with experience in installing like systems. The National Energy Code (NEC) and IEEE 1547 Standard for Interconnecting Distributed Resources with Electric Power Systems must be adhered to.

Generating System will be installed by a Contractor/State Licensed Electrician? Yes

Installer: _____ Firm: _____

License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Expected Installation date: _____ Expected Interconnection Date: _____

Location of installation: Roof Inside Grade Other _____

One line diagram attached? Yes

Have all necessary government permits and approvals been obtained for the project prior to this application? Yes Please attach copies as appendices to this application.

No Please attach a brief description of all permits in process.

Normal operation of interconnection (ex. Provide power to meet base load, demand management, standby, backup power etc.) _____

Section 4. Customer or Designee's Signature

I hereby certify that, to the best of my knowledge, all the information provided in the Interconnection Application is true and correct. I also agree to install a Warning Label provided by the Municipality on or near my service meter location.

Signature: _____ Date: _____

Return completed application and Application Fee of \$200 for a Residential Customer and \$700 for a Non-Residential Customer:

Municipal Electric Department: _____

Attention: _____ Address: _____

City, State, Zip: _____

Sections Below for Municipal Use Only

Section 5. Final Approval or Non-Approval

Permit # _____

Municipal Delivery: Has Approved Has Not Approved this Application

Name: _____

Signature: _____ Date: _____

Comments: _____

Approval to connect to the Municipal System indicates only that the minimum requirements for a safe and proper interconnection have been satisfied. Such approval does not imply that the Generator Owner's facility meets all federal, state and local standards or regulations.

Section 6. Internal Notifications

Electrical Inspection Completed: Yes

Sent Applicant Warning Label for installing on/near service meter: Yes

Notify Billing Department of Interconnection Generation: Yes

Notify Other Departments (i.e. Fire, Safety, Building, Zoning) ¹ Yes

¹ Municipal utility may want to identify the specific Department where a confirmed notification is required.