

#### NATIONAL UTILITIES REGULATORY COMMISSION

P.O. Box CP6307, Sans Souci, Castries Tel: (758) 456-0790/ (758) 468-2291

Email: info@nurc.org.lc Website: nurc.org.lc

# APPLICATION FOR PERMISSION TO GENERATE ELECTRICITY FROM A SOLAR PHOTOVOLTAIC SYSTEM

### INSTRUCTIONS

- As required by the National Utilities Regulatory Commission (NURC), through NURC Notice No. 1 of 2016, issued pursuant to Section 5 of the Electricity Supply (amendment) Act No. 2 of 2016, and amended by NURC Notice No. 1 of 2022, a person ("Applicant") wishing to generate electricity through a solar photovoltaic (PV) system by interconnecting its system to the electricity grid owned and operated by the St. Lucia Electricity Services Limited (LUCELEC) shall submit to the NURC a formal application for approval.
- An application is considered complete when the processing fee has been paid and all applicable and correct information required below, accompanied by the required documentation has been submitted.
- A non-refundable processing fee is required on the submission of this application. Processing fees, in accordance with customer category/application type, are as follows:
  - Residential EC\$200.00
  - Non-Residential EC\$500.00
  - Special Applications EC\$2,000.00
- Please refer to the application procedures published in NURC Notice No. 1 of 2016, amended by NURC Notice No. 1 of 2022 when completing this form.

Ξ	CIT	ON A: APPLICANT INFORMATION			
	1.	LUCELEC Customer Category: Residential □ Commercial □ Industrial □			
	2.	Type of Applicant: Individual □ Company/Entity □			
	3.	Is a Special Application Being Made? (as defined under NURC Notice No. 1 of 2022): Yes $\Box$ No $\Box$			
		a. If the answer to the above is Yes, clear justification why the NURC should consider granting approval for interconnection of the proposed solar PV facility using Special Application considerations, as outlined under NURC Notice No. 1 of 2022, must be provided as an attachment to this application.			
	4.	Name of Applicant (should correspond with LUCELEC information):			
	5.	Applicant's Phone No.: Email:			
	6.	LUCELEC Billing Account No.:			
	7.	Address of Proposed Renewable Energy Facility:			



- 8. Is the Applicant the owner of property referenced in (7) above? Yes  $\Box$ No □
  - a. If the answer to the above is Yes, please provide a copy of the Land Register.
  - b. If the answer is No, please provide a notarized copy of the letter of authorization from the landowner, or administrator or trustees for sale, along with the Land Register.

1.		ON ON EXISTING	CONNECTION			
	Elec					
2.		Electrical Configuration of Existing Connection: Single Phase □				Three Phase □
	Supply Voltage of Existing Connection (V):					_
3.	3. Existing Facility Main Breaker (Amps):					
			SOLAR PV FACILITY			
LINFOR	MA I I	ON ON PROPOSEL	O SOLAR PV FACILITY			
4.	4. Capacity of Proposed Facility:kW			kW		
5.	5. Estimated Annual Generation:MWh					
6.	Esti	imated Capital C	ost of Facility (EC\$): _			
7.						
Q						
	8. Combined Capacity of Inverters ( <i>Peak Power</i> ):kW					
9.	9. Schedule of Inverters:  No.   Peak Power (kW)   Manufacturer Name & Model   Quantity   UL				111 1741 Cartificati ((f.Na. atata antification)	
	1	Peak Power (kw)	Manuracturer Name	& Model	Quantity	UL 1741 Certified (if No, state certification)
						Yes  No
	2					Yes □ No □
	3					Yes □ No □
	4					Yes □ No □
	5					Yes  No
10. Solar PV Modules to be Used:						
	Manufacturer Name			Model		
11. Technical Information on Solar PV Modules:						
		Dimensions	Power Rating (kWp)	Voltage Range	Quantity	UL 1703 Certified (if No, state certification)
						Yes □ No □
12	. Doe	es your system m	nake provision for stora	age? Yes □	No □	1

13. If yes, Battery Capacity (kW): \_\_\_\_\_



- 14. Applicant shall attach technical design drawings of the proposed solar PV system, including a single-line schematic drawing of the proposed system, clearly indicating all major components. Drawings shall be certified by either a licensed electrician or registered electrical engineer.
- 15. Applicant shall provide, as an attachment, information to support details provided on inverters and solar PV modules provided in (9), (10), and (11) above, including test certificates demonstrating compliance with applicable UL or equivalent standards. Any additional technical specifications for these components should be also attached.

SECTION	ON C: INSTALLER INFORMATION					
1.	Name of Proposed System Installer:					
2.	Installer's Address:					
3.	Installer's Phone No.: Email:					
SECTI	ON D: DECLARATION OF APPLICANT					
I/We,_	(full name of Applicant), declare that:					
1. All information provided as part of this application is held to be true and correct.						
2.	I am/We are not disqualified from being granted approval for interconnection by reasons of any legal impediment.					
3.	I/We will secure the technical competence, and satisfy the financial requirements, to construct and operate the proposed facility to which this application relates.					
4.	I am/We are a fit and proper person/entity to be granted approval for interconnection of a solar PV facility.					
IF APPL	ICANT IS AN INDIVIDUAL SIGN BELOW:					
Signati	ure of Applicant:					
Date: _						
IF Appl	LICANT IS A COMPANY/LEGAL ENTITY SIGN BELOW:					
Name	of Director:					
Signati	ure of Director:					
Date:						



## **SECTION E: FOR OFFICIAL USE ONLY**

#	DOCUMENTS SUBMITTED	DOCUMENT NUMBER	DOCUMENT DATE
1	Non-Refundable Processing Fee		
2	Copy of National Identification for Applicant		
3	Certificate of Incorporation and Official Authorization to Submit Application (if Applicant is a Company)		
4	Recent Copy of LUCELEC Bill (not older than 3 months)		
5	Copy of Land Register (not older than 1 month)		
6	Authorization by Property Owner to Use Property (if Applicable)		
7	Technical Design Drawings of Proposed System, Including Single-Line Electrical Schematic Certified by Licensed Electrician or Registered Electrical Engineer		
8	Specifications for Major Components (Inverters, PV Panels, etc.)		
9	Test Certificates for all Major Components Demonstrating Compliance with UL or Equivalent Standards		
10	Justification for applications submitted as a Special Application		
NUR	C Application #:		
Doco	ivod Rv: Signaturo:	D-	to:

NURC Application #:						
Received By:	Signature:	Date:				