



300 North Mill Street
St. Louis, MI 48880

(989) 681-2137
Fax (989) 681-3842

GENERATOR INTERCONNECTION APPLICATION

For Projects with Aggregate Generator Output 20 kW or Less

Application No. _____

Date Received _____

Electric Utility Contact Information

City of St. Louis Municipal Electric Department

Electric Foreman: Todd Leslie

Office Number: (989) 681-3351
Email: tleslie@stlouismi.com

Public Services Director: Keith Risdon

Office Number: (989) 681-2613
Email: krisdon@stlouismi.com

Electric Dept:

701 Woodside Drive
St. Louis, MI 48880

City Hall:

300 N. Mill Street
St. Louis, MI 48880

Customer/Account Information (as shown on Utility Bill)

Customer Name: (Last, First, Middle) _____

Customer Mailing Address: _____

Customer Phone Number: _____

Customer E-Mail Address: _____

Electric Service Account Number: _____

Electric Service Meter Number: _____

Generation System Site Information

Physical Site Service Address (if not Billing Address): _____

Annual Site Requirements Without Generation in Kilowatt hours _____

Peak Annual Site Demand in Kilowatts _____

Site Plan Attached: _____ Yes _____ No

Electrical One-Line Drawing Attached: _____ Yes _____ No

Generation System – Manufacturer Information

System Type (Solar, Wind, Biomass, Fuel Cell, etc.): _____

Generator Type (Inverter, Induction, Synchronous): _____

Total Generator Nameplate DC Rating (Solar Only): _____

Total Generator Nameplate AC Rating: _____

Generator AC Output Voltage: _____

Generator Wiring Configuration: Single Phase _____ Three Phase _____

Expected Annual Output in Kilowatthours: _____

Certified Test Record No. (Testing to Standard UL1741 Scope 1.1a): _____

Inverter Based Systems:

Manufacturer: _____

Model (Name & Number): _____

Inverter Power Rating (kW): _____

Number of Inverters _____

Induction & Synchronous Based Systems:

Manufacturer: _____

Model (Name & Number): _____

Installation Information

Project Single Point of Contact: (Electric Utility Customer, Developer, etc.)

Name: _____

Company (if applicable): _____

Phone Number: _____

E-Mail Address: _____

Requested In-Service Date: _____

Licensed Contractor (Name of Firm or Self): _____

Contractor Name (Last, First, MI): _____

Contractor Phone Number: _____

Contractor E-Mail: _____

Customer and Contractor Signature and Fees

_____ Interconnection Application Fee (\$100) Attached

(Check # or Money Order #) _____

(Sign and Return complete application with Application Fee to the St. Louis City Hall)

To the best of my knowledge, all the information provided in this application form is complete and correct.

Customer Signature: _____ Date: _____

Contractor Signature (if applicable): _____ Date: _____