

## APPENDIX B

### Appendix B - Standardized Application For Inverter Based Systems

**LONG ISLAND LIGHTING COMPANY D/B/A LIPA  
STANDARIZED APPLICATION  
FOR  
INTERCONNECTION OF INVERTER BASED DISTRIBUTED GENERATION AND ENERGY  
STORAGE EQUIPMENT  
IN PARALLEL WITH THE LIPA DISTRIBUTION SYSTEM**

**CHECK IF: Standard SGIP Project** \_\_\_\_\_ **or Feed in Tariff Project** \_\_\_\_\_

**Customer:**

Name: \_\_\_\_\_

Address (Street, City, State, ZIP): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

LIPA Account Number: \_\_\_\_\_

**Installation Address** (Street, City, State, ZIP): \_\_\_\_\_

**Applicant Organization:** \_\_\_\_\_

Applicant Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address (Street, City, State, ZIP): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Agent (if any):** \_\_\_\_\_

**Agent Organization:** \_\_\_\_\_

**Agent Contact:** \_\_\_\_\_ Title: \_\_\_\_\_

Address (Street, City, State, ZIP): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Consulting Engineer or Contractor:**

**Organization:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ Title: \_\_\_\_\_

Address (Street, City, State, ZIP): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

**Electric Service: Indicate if Existing** \_\_\_\_\_ **or New Service** \_\_\_\_\_

Capacity: \_\_\_\_\_ Amperes \_\_\_\_\_ Voltage: \_\_\_\_\_ Volts Service Character: ( ) Single Phase ( )

Three Phase Secondary 3 Phase Transformer Connection ( ) Wye ( ) Delta

## APPENDIX B

**Location of Protective Interface Equipment on Property:** (include address if different from customer address) \_\_\_\_\_

### Solar Panel Information:

Panel Manufacturer: \_\_\_\_\_

Model No. \_\_\_\_\_ Version No. \_\_\_\_\_

Panel Power Rating: \_\_\_\_\_ kW (DC)

Quantity of Panels: \_\_\_\_\_

Total Rated Output: \_\_\_\_\_ kW (DC)

### Energy Storage System Information:

Manufacturer: \_\_\_\_\_

Model No: \_\_\_\_\_

Total rating KW (AC): \_\_\_\_\_

Total Rating KWH : \_\_\_\_\_

### Inverter Information:

Manufacturer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Model No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Inverter Rating kW (AC): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Quantity of Inverters \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Total Rating of All Inverters kW (AC): \_\_\_\_\_

System Total Output \_\_\_\_\_ kW AC (System Total Output should be Total Rating of All Inverters)

Type: ☐ Forced Commutated ☐ Line Commutated

☐ Utility Interactive ☐ Stand Alone

System Type Tested (Total System): ☐ Yes ☐ No; attach product literature

Ramp Rate: \_\_\_\_\_

Method of Grounding: ☐ Grounded ☐ Ungrounded

Interconnection Voltage: \_\_\_\_\_ Volts

### Applicable Attachments:

Detailed One Line Diagram attached ☐ Yes

If applicable, NRTL/UL 1741 Certification attached: ☐ Yes

## APPENDIX B

If applicable:

Step Up Transformer Winding Configuration::

( ☐ ) Delta ( ☐ ) Wye ( ☐ ) Wye Grounded

Other existing DG such as emergency generators, other renewable technologies, microturbines, hydro, fuel cells, battery storage, etc:

( ☐ ) Yes ( ☐ ) No

(If yes, provide information about existing generation on separate sheet and include detail on one-line diagram.)

_____	_____	_____	CUSTOMER/AGENT
SIGNATURE	TITLE	DATE	