



APPLICATION FOR PHOTOVOLTAIC (PV) INSTALLATION

Submit to:

City of Aspen Building Department with your Electrical Permit Application

NOTE: THIS APPLICATION IS FOR CITY OF ASPEN ELECTRIC CUSTOMERS ONLY. IF YOU ARE A HOLY CROSS CUSTOMER, DO NOT PROCEED WITH FILLING OUT THIS APPLICATION FOR PV.

IF YOU ARE A CITY OF ASPEN ELECTRIC CUSTOMER, PLEASE PROVIDE ACCOUNT NUMBER BELOW.

CITY OF ASPEN ELECTRIC ACCOUNT #: _____

Deadline for Required Approvals and Operation of System

1. This Application must be signed and dated by the City of Aspen Consumer of Record.
2. The PV system must be installed, inspected and approved by the City of Aspen and operational at the time of inspection.
3. All required Interconnection Agreements, Government Inspections, Insurance Certificates, Consumer Application and other documentation (as may be required) must be received and approved by the City of Aspen.

General Disclosure

All renewable energy generation incentives offered by the City of Aspen are subject to qualification and availability of funds. Fully executed Application forms will be accepted on a first come, first serve basis while funds are available. This incentive is subject to modification and termination at any time without prior notice.

CITY OF ASPEN CONSUMER OF RECORD INFORMATION

Name:	
Installation Address:	
Contact Phone (Home):	(Cell):
Email Address:	Fax:
Designer/Installer Contact:	
Company:	
Address:	
City, State, Zip:	Phone:

PHOTOVOLTAIC SYSTEM INFORMATION

Size: (DC Nameplate rating in KW)	Inverter Manufacturer:
PV Module Manufacturer:	Inverter Model Number:
Number of Modules:	Number of Inverters:
Size of Modules:	A/C Disconnect:
Mounting Type:	

*** Is this Solar PV install a City of Aspen REMP Fee Offset? Yes No**

METERING ENVIRONMENT

Single Meter:	Master Meter w/Consumer Sub Meters:
Estimated Annual Production of PV System _____	per kW
Estimated Date for "Full Time" Operation of PV System _____	

Having read and understood the requirements associated with this Application form, I (and/or) we, as the City of Aspen Consumer of Record, do hereby acknowledge and agree to all terms and conditions set forth above.

Name:	Date:
Name:	Date:

CITY OF ASPEN USE ONLY	
Service Location:	Utilities Account Number:
Meter Number:	Route:
Consumption History:	(Prior 12 month's average usage)
Date Received:	Modules x Size = \$ Estimated Incentive
Comments:	
APPROVED / DENIED	
Signature:	Date: