innpower

Section 1 – To Be Completed by Customer (Please provide all information requested)

Customer

Customer Full Legal Name:	Phone:	
Civic Address:	Cell. Phone:	
	Email:	
Service Address:	Same as above ☐	Township:
	Lot:	Concession:
	Regional plan:	Plan lot:

Contractor/Consultant

Address:	Phone:
	Email:

Service Information

Type of Operation →	Residential ☐ Industrial ☐ Commercial ☐ Institutional ☐ Hospital ☐ Farm ☐ Other ☐ If "Other" has been selected please specify:	
Single facility ☐	New Service ☐	Submission date (yyyy-mm-dd):
Developments ☐	Upgrading Existing Service ☐	Desired Connection Date (yyyy-mm-dd):

New Service

Requested Service Voltage Rating (Secondary Voltage) →	1-Phase ☐ 3-Phase ☐ 120/208V ☐ 347/600V ☐ Other ☐
Proposed Service Ampere Rating (Panel Size) →	100A ☐ 200A ☐ 400A ☐ Other ☐
Proposed Peak Load (kW):	Power Factor:
Overhead ☐ Underground ☐	Temporary Pole Service Required: Yes ☐ No ☐
EV Charger Provision: Yes ☐ No ☐ If Yes →	Type 1 ☐ Qty.: Type 2 ☐ Qty.: Type 3 ☐ Qty.:
Additional Information:	

Existing Service

Hydro Account:	Meter No:	Existing Transformer:
Existing Service Voltage Rating (Secondary Voltage) →	1-Phase ☐ 3-Phase ☐ 120/208V ☐ 347/600V ☐ Other ☐	
Existing Service Ampere Rating (Panel Size) →	100A ☐ 200A ☐ 400A ☐ Other ☐	
Existing Load-Peak (kW):	Type of Heating:	If Electric, Rated Power:
Overhead ☐ Underground ☐	Baseboard:	Furnace: Heat Pump:
Additional Information:		

Loading Profile

	Jan	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*
Existing Load-Peak (kW)												
New Demand-Peak (kW)												
1st Year												
2nd Year												
3rd Year												
4th Year												
5th Year												

Note: **Loading Profile** must be provided for the **Existing Service** and the **Total Service** (after upgrade)
Total Service = Existing Service + New Service

Non-Residential Customers, please complete the section 2

For Development, please complete the section 3 as well.

Section 1 – To Be Completed by Customer	
Sketch and Direction to Property	
	Detailed Drawings are attached ☐
Plan of LOT	
Sketch Required:	Detailed Drawings are attached ☐
Building Location (Must be Staked on property):	
Filter Bed/ Driveway:	
Preferred Service and Meter locations - On Driveway side (within 10” of Front Corner):	
Property Boundaries and Measurements:	

Section 2 – To Be Completed by Non-Residential Customer

Working Hours

Number of Shifts in your Operation: Single Shift ☐ Two Shifts ☐ Three Shifts ☐

Expected Start Time: Expected Stop Time:

Working on Weekends: Yes ☐ No ☐ Working on Holidays: Yes ☐ No ☐

Additional Information:

Motor information (New and Existing Motors)

Note: Please provide Cumulative Size of 1 Phase Motors (stating at the same time) greater than 7.5kW
Please provide Cumulative Size of 3 Phase Motors (stating at the same time) greater than 18.5kW

Type of Equipment the Motor is Operating: (Ex. Pump, Compressor, Saw, etc.)

Largest Motor

Largest Motor Size (hp/kW):	Type of Motor (Ex. Synchronous, Induction):

Start Assistance: No ☐ Yes ☐
If yes, please specify the type of starter: Soft Starter ☐ Variable Frequency Drive (VFD) ☐ Other:

Multiple Motors:

Do multiple motors start at the same time: No ☐ Yes ☐

If yes, please provide the following information regarding each motor	Individual Sizes (Ex. 2x50hp + 1x20hp=120hp)
	Type of Motors (Ex. Synchronous, Induction)
	Start Assistance: ☐ No ☐ Yes, please specify the type

Motor with the Greatest Inrush (i.e. Largest Motor or Cumulative Combination of Motors that start at the same time)

Motor's Rated Voltage:	Max Inrush (kVA):
Full Load Current (Amps):	Number of Starts per day:
Starting Current (Amps):	NEMA Code (ex. NEMA 'G'):

Additional Information:

Welding Machines (New and Existing Machines)

kVA Rating:	Number of Welders Operated Simultaneously:
Rated Welder Primary:	Frequency of Operations of Each Machine (weld/min):
Maximum Primary Current (Amps):	Duration of Welds for Each Machine:
Power Factor:	Details:

Single Line Diagram, Transformer & Primary Fuse

Single Line Diagram Provided: Yes ☐	For a Customer Owned Transformer, specify the following items:
Primary Fuse (Manufacturer, Size, Type):	Transformer Ratio:
	Transformer Power (KVA):

Additional Information:

Distributed Generation

For Generation Connections, Customer is required to submit the Distribution Energy resources (DER) form to InnPower planning department to initiate an assessment. This also includes Net Metering, Load Displacement and Emergency Backup Generation

If there is not sufficient space on the attached form to provide all the required information, list the details on a separate sheet of paper and return as an attachment.

Section 3 – To Be Completed by the Subdivision Group

Development information

Subdivision Name:	
Total Number of Phases for this development:	Number of Lots for Each Phase:
Total Development Area (m²):	Total Commercial Area (m²):
Electrical Room (Switchgear room) considered: Yes ☐	Switchgear Characteristics:
Conceptual design provided (Drawings Attached): Yes ☐	First phase energization date:
Number and Capacity of Transformers:	
Additional Information:	

Number of Units and Demand Assumption

Type of units		Single-Detached	Semi	Row	Apartment	Commercial	Institutional
Total Number of Units							
Connection Horizon		Number of Units to be Energized Each year					
Energization Date	Year 1:						
	Year 2:						
	Year 3:						
	Year 4:						
	Year 5:						
Basic Load Demand		Estimated Power Consumption for Each Type of Units					
Monthly Average	Summer (kWH)						
	Winter (kWH)						
Peak Consumption	Summer (kW)						
	Winter (kW)						

Distribution Infrastructure

Capital Costs	OH Primary\Secondary -Poles	$	Remarks:
	- Wire \ Hardware	$	
	UG Primary\Secondary - Conduit	$	
	- Wire \ Hardware	$	
	Transformers	$	
	Services	$	
	LDC Non-Contestable Costs	$	
	Additional costs not included above	$	
	Total	$	
	Street Lighting	$	

Section 4 – To Be Completed by InnPower Stations, Planning & Asset Optimization			
Planning			
Preferred DS / feeder to accommodate the load demand:	DS	Feeder	Upstream Switch
Does DS have the sufficient capacity? Yes ☐ No ☐ Comments:			
Over Head or Under ground Expansion required? Yes ☐ No ☐ Comments:			
Alternative solution in case of insufficient capacity: Related DS Upgrade ☐ Other DS Upgrade and Line expansion ☐			
Estimated Class C cost:			
Economical Evaluation required? Yes ☐ No ☐ Comments:			
Is additional load acceptable? Yes ☐ No ☐ Comments:			
Additional information:			
System Impact Assessment Completed by:			
Protection and Relay Coordination			
Feeder Protection Checked?			
Customer Primary Fuse checked?			
Coordination with upstream feeder checked?			
Additional information:			
System Impact Assessment Completed by:			
Section 5 – To Be Completed by InnPower Distribution Operation			
Conceptual Design Provided? ☐			
Subdivision maps available Yes ☐ No ☐ Comments:			
Energization requirements provided? Yes ☐ No ☐ Comments:			
Site Visit required? Yes ☐ No ☐ Comments:			
Additional information:			
System Impact Assessment Completed by:			

Section 6 – To Be Completed by ADET (Area Distribution Engineering Technician)		
Customer		
Date:	ADET:	Service Centre:
Work order Number:	Phone:	Cell phone:
Primary Supply Voltage:	Connection Type: New ☐ Upgrade ☐	Rate Class:
Scope of Job: (Include all relevant details of Customer request)		
Transformer Size - Existing kVA: (Include all transformers on the property)	Existing Transformer #s:	
Transformer Size – Proposed kVA: (cumulative)	Existing Customer Account #s:	
Transformer Ownership: Customer Owned Transformer ☐ InnPower Owned Transformer ☐		
Transformer Type: Pad-mount ☐ Overhead ☐ Private Primary Line to Connect ☐		Phase (R, W, B or 3 Ph):
Please complete a separate description for each possible connection point.		
Station #1:	Feeder #1:	Switch #1:
Station #2:	Feeder #2:	Switch #2:
Expansion Required: Yes ☐ No ☐ If yes, meters	Crossing Permit: Yes ☐ No ☐ Type: Rail ☐ Water ☐ Pipe ☐	
Are there any adjoining subdivision maps available: Yes ☐ No ☐ Details:		
Class C for Expansion: Provide brief description of the work involved and the Class C estimate:		

To be completed by the ADET for Expansions 1 Kilometer or Greater and all Subdivisions:
Provide GPS coordinates at proposed Subdivision. Each Subdivision Entrance. Nearest Corner of Subdivision Boundary.
(GPS coordinates are to be latitude and longitude to 3 decimals or greater.)

Location of Entrance	Nearest Suitable pole to each entrance (Pol ID)	GPS Latitude and Longitude

Final Approval	
Manager name:	Date: