



Utility Distribution Systems - Electric

City of Medicine Hat
2172 Brier Park Place NW
Medicine Hat, AB T1C 1S6
Phone: 403-529-8262
eleccomm@medicinehat.ca

Micro-Generation Application

If you have questions on the requirements for installation, refer to the **Micro-Generation / Distributed Energy Resource Interconnection Guide** posted on the City's website. 

Small Micro-Generator – (1.5kW – 150kW)

Large Micro-Generator – (150kW – 5000kW)

- Requires UDS – Electric Engineering consultation & engineered stamped single-line diagram.

Proposed Generation In-Service Date: _____
NOTE: Application processing time: 3 Weeks)

Service Address: _____
*(Unit No., House No., Street, Street Direction, City/Town) or
(LSD Quadrant, Quarter Section, Section, Township, Range, Meridian)*

Customer / Owner

Applicant: _____ Contact Name: _____

Address: _____
Street Address City Province Postal Code

Phone: _____ Email: _____

Contractor / Consultant

Company: _____ Contact Name: _____

Address: _____
Street Address City Province Postal Code

Phone: _____ Email: _____

Micro-Generation Service Fee 


- Customer/Contractor must pay a non-refundable Micro-Generation Service fee as per City of Medicine Hat current standard charges. This fee is for our electric crews to install a bi-directional billing meter, witness some of the protections, and evaluate the systems components to commission them.
- The same fee will also apply for **any future changes made to the inverter(s)** as recommissioning of the service will be required.
- The cost of the bi-directional billing meter equipment will be borne by the City of Medicine Hat.
- **Invoice will be submitted** to the Contractor / Consultant address provided, unless stated otherwise in the comments below.

Comments / Questions

Generation Type

Energy source of the generator: Solar Wind Hydro Biomass Fuel Cell Geothermal
 Combined Heat & Power Other: _____

Service For: Residential Commercial

***Is this a new electrical service? If yes, there must be a completed application applying for a new service. 

Location: Roof Other (Site Plan Required): _____

Phase: Single Three


Voltage Level Connection: _____ / _____ Volts

Generation Size

Are you an existing micro-generation customer? Yes No

If yes, is this application for a: Solar Expansion Complete Solar Removal & New System Install
 Other: _____

Total Nameplate capacity: _____ kW (AC) _____ kW (DC)

***DC size can **NOT** go over the approved maximum allowable system size provided from the size review. 
For further information please see Electrical Utility Bylaw #2244 or contact the Energy Marketing & Business Analysis Department at 403-525-8823.

Generation Equipment Details

Type of generator connected to the utility interface:

String Inverter-based Micro Inverter-based Induction Synchronous

Other: _____


Inverter Location: Outside: _____ Inside: _____

Will there be a Battery Energy Storage System (BESS)? Yes No

Compliance

- Have you reviewed the [Micro-Generation / Distributed Energy Resource Interconnection Guide](#)? Yes No
- Does the equipment & design comply with the Applicable Codes & Standards stated in the [Micro-Generation / Distributed Energy Resource Interconnection Guide](#)? Yes No
- Will the inverter(s) setup follow the [Alberta Electric System Operator \(AESO\) – DER Ride-Through Performance Recommendations](#)? Yes No
- Does the inverter automatically cease to operate upon loss of voltage from City Electric and resumes operation when City Electric voltage is restored. Yes No

Alberta Utilities Commission (AUC)

The micro-generation customer must ensure that the criteria for an exemption from filing an application with the Commission as stated in Section 2 of Rule 007 are satisfied. 

Required Supporting Documents

- System Size Review Application** 🔗
 - Owner completes & shares with the contractor.
 - Completed within **one year** of the approved size email.
 - Copy of approval showing max DC system size, address, & date.
 - For further information please see [Electrical Utility Bylaw #2244](#) or contact the Energy Marketing & Business Analysis Department at 403-525-8823.
- Net Billing Connection Agreement** 🔗
 - Owner completes & shares with the contractor.
 - Ensure it is reviewed & filled out. *****Section 5.2 – Only select ONE option**
 - For further information please see [Electrical Utility Bylaw #2244](#) or contact the Energy Marketing & Business Analysis Department at 403-525-8823.
- Single-Line Diagram** 🔗
 - Completed by Contractor.
 - If this is an **expansion** you must show all existing & new generation equipment details.
 - See Interconnection Guide, Appendix 2 & 3, for sample SLD's. This is for example only and may not apply to your design.
- Manufacturer's Equipment Data Sheet, Manuals & Applicable Certification Documents** 🔗
 - Documentation displaying certificate of compliance with the required standards as per latest version of the [Micro-Generation / Distributed Energy Resource Interconnection Guide](#).
 - Documentation:
 - *Respecting Anti-islanding (AI)*
 - *For String Inverters installations must provide make & model of Rapid Shutdown Equipment.*
 - *Displaying Power Factor, Harmonics, Phase & Ground Fault Protection, Synchronization Check (25), Overvoltage Relay & Undervoltage Relay (59/27), Over Frequency & Under Frequency (81 O/U), AC Time Overcurrent Relay (50/51).*
 - If applicable, documentation for any additional requirements (synchronous, induction, three phase inverters, battery installations, etc.).
 - For a combined heat & power unit, documentation is required to confirm that the generator's energy source has a greenhouse gas intensity equal to or less than 418 kg per MWh, as outlined in the Province of [Alberta's Electric Utilities Act for Micro-Generation Regulation](#).
- Site Plan (If Applicable)**
 - Only required if **NOT** roof top solar.
 - A sketch showing an air photo with location of existing electric service to building (overhead or underground), proposed location of generation & location of disconnecting means.

Submitting Application

Please email this completed application and all required supporting documents to elecomm@medicinehat.ca

Owner	Contractor / Consultant
Signature	Signature
Print Name	Print Name
Date Signed	Date Signed