

\*Residential Solar 27kw or Less\*

## **Customer Information**

Customer Name:		
Address:		
City:		Postal Code:
Province:		Phone Number:
Email Address:		NSP Billing Account:
	Contracto	or Information
Company		
Name: Address:		
City:		Postal Code:
Province:		Phone Number:
Email Address:		Permit Number:
	Service & Equ	ipment Information
Amperage:	Voltage:	Panel Bus Rating:
1 Phase:		3 Phase:
Total AC Kw Rating of Installation:		Number of Panels:
Inverter Type 1:	Qty:	Max Continuous Output Rating:
Inverter Type 2:	Qty:	Max Continuous Output Rating:
Inverter Type 3:	Qty:	Max Continuous Output Rating:
Inverter Type 4:	Qty:	Max Continuous Output Rating:

<sup>\*</sup>In addition to returning this document completed, please submit the following documents for your project: Single Line Diagram, Site Plan, and Equipment Specifications Sheets. Please allow 10 to 15 business days for plans and revisions to be reviewed. If you have any questions about your project, please reach out to the team at: plansreview@nspower.ca\*