



Application No. AL _____

24 Elginshire Street, Washdyke, Timaru

Telephone: (03) 687 4300

Email: mailbox@alpineenergy.co.nz

Empowering Our Community

APPLICATION FOR NETWORK CONNECTION

ICP No:											A	L			
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New Connection
 Increased Capacity
 Decommission
 Temporary to Permanent
 Builders Supply
 Reduced Capacity
 Meter Reseal
 Switchboard Upgrade
 Relocate Meters
 OH to UG Conversion

Supply Available (Confirmation for Supply)
 Estimate (not a quote)
 Official Quote
To Be Completed By The Installation Owner (Incomplete Applications will be returned and not processed until complete)

CUSTOMER DETAILS

Name: Phone (Work):

Postal Address: (Home):

..... (Cell):

RAPID No: Fax:

Contact Name: Email:

<p>ELECTRICAL CONTRACTOR DETAILS</p> <p>Name: Phone:</p> <p>Postal Address: Cell:</p> <p>.....</p> <p>Email:</p>	<p>ENERGY RETAILER</p> <p>.....</p>
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BILLING DETAILS

Name: Phone:

Postal Address: Cell:

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Email:



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INSTALLATION DETAILS (ATTACH SITE/LOCATION PLAN/PHOTO) – (MINIMUM OF 2 WEEKS NOTICE)

Description of Premises: Date Supply Required:
 Installation Address: Lot No:
 Dp No:

SUPPLY CAPACITY

1 Phase 2 Phase 3 Phase **Assessed** (Specify Fuse Capacity above 60A) A
 Residential Commercial Industrial

Conditions Pertaining To The Above Installation. All storage heating to be ripple controlled.

Notifiable Loads	No.	kW	Load Control Rate	Comments
Water Heating			E8 E11 E15	Storage Heating Yes/No
Storage Heating				Service Cable by Electrician Yes/No
Motors				Does this require Metering Yes/No
				Requires an Inspection Yes/No
				Inspector
EV	<input type="checkbox"/>			
Pump	<input type="checkbox"/>	SS	<input type="checkbox"/>	VSD
Unmetered Load (type and capacity)				

Installation Owners Signature: Date:

FOR AEL USE

1
 2
 Transformer No:..... Supply Capacity.....kW/kVA Code.....
 Fuse Rating:..... A Phase..... GXP
 Approved By:..... Date:.....



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PROPERTY DETAILS

Is this a proposed subdivision: **Yes/No** (circle one)

If yes to the above, please provide "Consent Plan" showing all boundaries/easements before approval can be granted.

On reverse of this form please sketch the location of your Property

If more space is required for complex installations, please attach further drawings or information to this application
Sketch on the reverse of this form (tick)

SKETCH LOCATION OF PROPERTY

In addition to the location of the electrical installation, and where the new electricity supply is required, please show property boundaries, road names, neighbours or other useful landmarks.

Include where available Alpine Energy nearest pole or pillar box, show the asset number which is normally attached to the pole or pillar ***(Providing this information will assist in progressing approval for connection or alteration)***

Pole Number

DBox Number