



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

ELECTRICITY SERVICES

APPLICATION FOR THE CONNECTION OF A LOW VOLTAGE STANDBY SUPPLY

Page 1

This application form for the connection of generation is for low voltage standby generators to be installed by residential, commercial or industrial customers.

Submit completed form to:

| | | |
|---|--|--|
| Customer Support Services: Area North | | |
| Test & Metering Building Ndabeni Electricity Complex Melck Street NDABENI | Ndabeni Electricity Complex Melck Street NDABENI 7405 | Tel: (021) 5064819/20 Fax: (021) 5064836 Email: sseg.north@capetown.gov.za |
| or Customer Support Services: Area East | | |
| Electricity Services Head Office Bloemhof Centre Bloemhof Street BELLVILLE | Private Bag X44 BELLVILLE 7535 | Tel: (021) 4448511/2 Fax: (021) 4448787 Email: sseg.east@capetown.gov.za |
| or Customer Support Services: Area South | | |
| 1 st Floor Wynberg Electricity Depot Rosmead Avenue WYNBERG | Wynberg Electricity Depot Rosmead Avenue WYNBERG 7800 | Tel: (021) 7635664/5723 Fax: (021) 7635687 Email: sseg.south@capetown.gov.za |

Property name and location:

| |
|---------------------------|
| Property name: |
| Erf number: |
| Physical address: |
| Township / Suburb / Farm: |
| Postal Code: |

Name and account numbers of property owner:

| | | | | | |
|---|--|--------------------------|--|--------|--|
| First name: | | Last name: | | Title: | |
| Business partner number as per municipal account: | | Contract account number: | | | |

Property owner contact details:

| | | |
|------------------|---------------|---------------|
| | Office | Mobile |
| Telephone number | | |
| Facsimile number | | |
| E-mail address | | |

Application type

(Tick appropriate boxes)

| | |
|----------------------------|-------------------------------------|
| | <input checked="" type="checkbox"/> |
| Residential | |
| Commercial/Industrial | |
| New | |
| Revised application | |
| Upgrade of existing system | |
| Change of property owner | |
| Other (specify) | |

Mode of standby generation:

(Tick appropriate box)

| | |
|---|-------------------------------------|
| | <input checked="" type="checkbox"/> |
| Portable standby generator (Complete Sections B, C & E) | |
| Permanently installed standby generation that is interfaced with the consumer's electricity installation. (Complete all sections) | |

SECTION A

Planned construction schedule:

| | |
|--|--|
| Projected construction start date | |
| Projected in-service date of standby generator | |

Type of energy conversion:

e.g. Synchronous generator, induction generator, inverter, fuel-cell, dyno set.

| |
|--|
| |
|--|

Fuel:

| | | | |
|------|--|----------------------|--|
| Type | | Storage capacity (ℓ) | |
|------|--|----------------------|--|

Site plan:

(Tick appropriate box)

| | |
|---|-------------------------------------|
| | <input checked="" type="checkbox"/> |
| Site plan to show scaled map with existing services | |
| Future site development plans | |

Site land use zoning:

| |
|--|
| |
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Preliminary design:

| | |
|---|--|
| Design showing generators, transformers, customer circuitry interfacing with City of Cape Town electrical network, isolating devices, protection schemes, operating characteristics, etc. | |
|---|--|

Total capacity of standby generation (kVA and PF):

(Attach schedule for each unit if more than one generation unit)

| |
|--|
| |
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SECTION B

Make & model of generating unit/s

| |
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| |
|--|

Protection details:

| | |
|--|--|
| <p>Method used by interlocking mechanism to prevent parallel operation with City of Cape Town distribution network. Electrical and mechanical break-before-make interlock required for generators that are interfaced with the consumer electrical installation.</p> | |
|--|--|

Note: Soft reconnection

If momentary synchronisation/paralleling with City of Cape Town distribution network are required prior to operating the interlocking device when City of Cape Town supply is restored, an ECSA-registered professional engineer/technologist must approve the complete installation.

SECTION C

List of regulatory requirements and normative references:

(Tick appropriate box (✓) or mark not applicable (N/A))

| | |
|---|---|
| | ✓ |
| Electricity Regulation Act, Act 4 of 2006 and Electricity Regulation Amendment Act, Act 28 of 2007 | |
| Occupational Health and Safety Act, No. 85 of 1993, as amended | |
| City of Cape Town Electricity Supply By-Law | |
| SANS 10142- Part 1: The wiring of premises. A certified copy of the Certificate of Compliance must be submitted prior to reconnection of the supply to the premises after installation work that specify the electrical and mechanical break, before make interlock that prevents paralleled operation with City of Cape Town electrical network. | |
| SANS 342: Automotive diesel fuel | |
| SANS 8528 (Parts 1 – 12): Reciprocating internal combustion engine driven alternating current generating sets | |
| SANS 10089 (Parts 1-3): The petroleum industry | |
| SANS 60034 (suite): Rotating electrical machines | |
| NRS 098: Guidelines for the installation and safe use of portable generators on utilities' networks (applicable to permanently installed standby generation as well) | |
| <u>Soft reconnection:</u> Written approval provided by an ECSA-registered professional engineer/technologist for the complete electrical installation design, construction and commissioning is required. | |

SECTION D

Clearance by other City of Cape Town departments
(required for permanently installed standby generators)

| FUNCTION | SECTION | COMMENTS | NAME | SIGNATURE | DATE |
|---|---|----------|------|-----------|------|
| Zoning/ subdivision/ building structure plans | Planning and Building Development Management (Area offices) | | | | |
| Noise impact assessment and ventilation | City Health Specialised Services Cape Town Civic Centre, 22 nd Floor (021) 4003781 | | | | |
| Air pollution and quality (Fuel burning) | City Health Specialised Services 246 Voortrekker Road, Vasco (021) 5905200 | | | | |

SECTION E

Any additional information:

I request the City of Cape Town Electricity Services Department to proceed with the review of this standby supply application. I understand that:

- I will have to pay for both in-house and outsourced engineering studies conducted as part of this review, should these be required; and
- A quotation for such work will be provided beforehand, giving me the opportunity to cancel or modify the application should I wish to do so.

Application completed by:

| | |
|-------|--------|
| Name: | Title: |
| | |

Date:

Signed:

Signed (Property owner):

Date:

FOR OFFICE USE

Date application received:

Application notification number.

Further information required:

Date received:

In-principle consent given:

Date applicant advised:

Copy to Distribution District installation inspector::

Date completed: