



Certificate of Completion for Interconnection

Installation Information \_\_\_\_\_ Check if owner-installed

Interconnecting Customer or Company Name (print): \_\_\_\_\_

Contact Person, if Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address of Facility (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electrical Contractor's Name (if appropriate): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

License number: \_\_\_\_\_ State: \_\_\_\_\_

Date of approval to install Facility granted by the Company: \_\_\_\_\_

Application ID number: \_\_\_\_\_

Inspection

The system has been installed and inspected in compliance with the local Building/Electrical Code of

(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): \_\_\_\_\_

Name (printed): \_\_\_\_\_ License # \_\_\_\_\_

Date: \_\_\_\_\_

As a condition of interconnection you are required to upload a copy of this form along with a copy of the signed electrical permit to https://dgapplcation.unitil.com/. If internet access is not available, hardcopies can be sent to:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842
generator@unitil.com