

CERTIFICATE OF COMPLETION

Application No. _____

City of Oxford Customer-Owned Renewable Electric Generation Facility

Is the Generation Facility installed, tested and ready for operation? Yes _____ No _____

Customer: _____ Utility Account Number: _____

Address: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

Location of the Generation Facility (if different from above): _____

Has the Generation Facility been installed in accordance with all applicable building codes, permits and ordinances (if applicable)? Yes _____ No _____

Electrician/Service Company:

Name: _____

Address: _____ City/State/Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

License number: _____

Date electric Utility approved Interconnection Application: _____

Application Number: _____

Inspection:

The Generation Facility has been installed and inspected in compliance with all applicable electrical codes.

A copy of the signed electrical inspection form is attached. ☐ Yes ☐ No *(If inspection form is not attached)*

Signature of Inspector:

Date:

Printed name of Inspector

Insurance:

The Generation Facility is covered with an insurance policy as described in the Technical Requirements, 14 and 15. A copy of proof of insurance is attached. ☐ Yes ☐ No