

Date of application: 19/11/2018

# Application For Network Connection

No:

ICP Number:

GXP:

Application type: New Connection

Quotation or estimate required: An Estimate

Application on behalf of someone else: No

## Applicant Details

Name: craig beer

Contact number: 0278010686

Email address: craig.beer@netcon.co.nz

## Customer Details

Company name (if applicable): black chip

Customer name: tim pratt

Postal address: p o box 150 twizel

Email address: tim@blackchip.nz

Preferred phone no: 0274550514

Secondary phone no:

Preferred contact method: Phone

Existing customer: Yes

## Site Details

Installation address: 9 cirrus place omarama

Lot/DP number:

No of lots:

Date of supply required: 30/11/2018

Contact person: tim

Electrical contractor: craig beer

Electrical contractor phone: 0278010686

Connection Details		
Fuse size requested:	1 Phase: 63 Amp	3 Phase:
Connection type: Residential		
Energy retailer: contact		
Main heating source electric: Yes	Water heating electric: No	
Builders supply required: No	Electric motors: No	
Mains powered medical equipment: No		
Medical equipment description:		

Distributed Generation	
Distributed generation: No	
Energy source:	System rating:
Storage batteries: No	DG phase:
Inverter make/model:	

Motor Details	Size (kW)	Starting Method	Starting Frequency
Motor 1			
Motor 2			
Motor 3			

For NWL Use

Conditions/Notes	
1:	
2:	
3:	

Transformer Number:	Supplier capacity group: kVA
Approved by:	Date:

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