

City of New Bern Electric Utilities  
New Bern, North Carolina

**Certificate of Completion for  
Certified Renewable Resource Generating Facility**

Interconnection Customer

Check if owner-installed

Interconnecting customer: \_\_\_\_\_

Contact person: \_\_\_\_\_

Location of facility (if different from above):

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

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

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Electrician

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Date of approval to install facility granted by City of New Bern: \_\_\_\_\_

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

Certificate of Completion for Certified Renewable Resource Generating Facility

Inspection

The system has been installed and inspected in compliance with the local building/ electrical code of: \_\_\_\_\_.

(Appropriate governmental authority)

(Local electrical wiring inspector) or can attach signed electrical inspection:

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

As a condition of interconnection, you are required to send/fax a copy of this form along with a copy of the signed electrical permit to:

Jon Rynne, P.E., Director of Electric Utilities  
City of New Bern Electric Utilities  
Post Office Box 1129  
New Bern, North Carolina 28563-1129  
Fax (252) 636-4103

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Approval to energize facility (for City of New Bern use only)

Energization of the facility is approved contingent upon the terms and conditions of this agreement:

City of New Bern Electric Utilities signature: \_\_\_\_\_

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