



**Distributed Generation Construction Permit  
Application**

CITY OF YALE  
209 N. Main St.  
Yale, OK 74085  
918-387-2405 phone  
918-387-2402 fax

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

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

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

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

Location of proposed Distributed Generation: \_\_\_\_\_

Is this location currently served by the municipal electric system? \_\_\_\_Yes \_\_\_\_No

If so, current utility account number: \_\_\_\_\_

Generator Type: (wind, solar, other) \_\_\_\_\_

Electrical Contractor for project: \_\_\_\_\_

Phone number of contractor: \_\_\_\_\_

Located on existing building or free standing? \_\_\_\_\_

If so, on structure, is structure designed for additional weight? \_\_\_\_\_

How will unit be tied into your existing electric service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disconnect Switch Information \_\_\_\_\_

\_\_\_\_\_

Voltage output: \_\_\_\_\_; Single phase or Three-phase \_\_\_\_\_

Amps \_\_\_\_\_ Power Factor (PF) \_\_\_\_\_ % Maximum

Available Fault Current from generation at point of interconnection \_\_\_\_\_

*(Needed for OSHA required Arc Flash Study)*

Automatic Transfer Switch: \_\_\_\_\_

How will unit be used; day, night, emergency, etc.: \_\_\_\_\_

How is unit grounded? \_\_\_\_\_

Is there metering on the unit? \_\_\_\_\_

Protection system to prevent back feeds onto city system during outages to protect line-workers from electrocution: \_\_\_\_\_

\_\_\_\_\_

Type of insurance coverage for unit and installation \_\_\_\_\_

\_\_\_\_\_

Attach diagram showing location and how it is tied into home or business.

Permit Application fee (Due at time of application): **\$100.00**

Plan Review (Engineer's) fee: \$ \_\_\_\_\_. *This fee is only charged **IF** The City of Yale hires an engineer for inspection of the plans. Fee must be paid before application can be approved.*

\_\_\_\_\_

(Applicant's Signature)

Permit Approval: \_\_\_\_ Yes \_\_\_\_ No

Approved by: \_\_\_\_\_  
YWST Asst Trust Manager

Approved by: \_\_\_\_\_  
YWST Trust Manager