



PUBLIC NOTICE

INDEPENDENT REGULATORY COMMISSION (IRC)

For the Electricity Sector in the Commonwealth of Dominica

ELECTRICITY SUPPLY ACT No.10 of 2006 (ESA)

Application for Generation Licence

The public is advised that pursuant to **Section 30 of the ESA**, **Lyn John Fontenelle** has submitted an application to the Commission for the grant of a **Generation Licence**. The solar generator is to be located at **Salisbury, Dominica**

Interested parties may access the details of the Application on the IRC website www.ircdominica.org or obtain a copy from the IRC's office at

42 Cork Street

Roseau

Tel. 440 6634 /4407247/6156635

Comments on the Application are to be submitted to the IRC by: **April 3rd 2020.**

JUSTINN KASE

EXECUTIVE DIRECTOR

Independent Regulatory Commission

Application/Registration Form for Solar Generation

1. CONTACT AND LOCATION INFORMATION

SECTION A.

Main Applicant (License is issued in this name, individual or organization):

Name of Organization (if applicable): _____

First Name: LYN _____

Last Name: JOHN FONTENELLE _____

Address: SALISBURY _____

Telephone: 255-6813 _____ Mobile: _____ Fax: _____

Email address: sales@emscaribbean.com _____

SECTION B.

Information for Location of Installation:

Name of Property Owner: _____

Address: SALISBURY _____

Telephone: _____ Mobile: _____ Fax: _____

Email address: _____

Type of Location: Residential Commercial Industrial Government

2. SYSTEM DESCRIPTION

(a). Voltage Delivered: 1 Phase: 230 V 120/240 V 3 Phase: 400 V 11 kV

(b). Total Load to be Connected to System (kW): 4 _____

(c). Total PV (DC) Capacity (kWp) 2.8 _____ (d). Total Inverter (AC) Capacity (kW): 5 _____

(e). PV Mounting Location: On Roof On Ground Other _____

(f). Type of Structure: House Apt. Building Office Building Educational
Health Care Industrial Other _____

(g). Describe Type of Roof (for roof mounted systems; sloped or flat, materials, etc.):

FLAT CONCRETE ROOF _____

(h). Will the solar PV system be connected to the National Grid? Yes No

(i). Electricity Generated by the Solar System will be used as:

Main Source Standby Supplement to utility usage Other _____

3. INVERTER INFORMATION

- (a). Number of Inverters:
- (b). Manufacturer:
- (c). Model #:
- (d). AC Rating of Inverters:
- (e). Proposed Inverter Locations:
- (f). Certifications:

4. PV MODULE INFORMATION

- (a). Number of Modules:
- (b). Manufacturer:
- (c). Model #:
- (d). Dimensions of each module:
- (e). Module Power Rating (kWp):
- (f). Certifications:

5. STORAGE INFORMATION

- (a). Does the system include storage? Yes No
- (b). If Yes state the total capacity (Ah):
- (c). Battery Model #:
- (d). Manufacturer:
- (e). Battery Type (FLA, Li-ion, etc.):
- (e). Total Voltage of Storage:
- (f). Expected Daily kWh usage from storage:
- (g). Certifications:

6. MOUNTING SYSTEM INFORMATION

- (a). Describe Mounting System:
- (b). Manufacturer:
- (c). Model #:

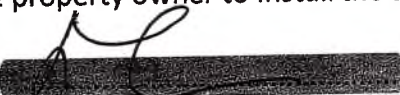
7. ITEMS TO SUBMIT

Please submit the following as part of your application where applicable:

ITEM (Please indicate with check mark that you have submitted)	Attached?
One-line diagram of the proposed solar system:	<input type="checkbox"/>
Inverters Spec. Sheet:	<input checked="" type="checkbox"/>
Solar Modules spec. sheet:	<input checked="" type="checkbox"/>
Storage System spec. sheet (if applicable):	<input type="checkbox"/>
Mounting System spec. sheet (if applicable):	<input type="checkbox"/>

8. DECLARATIONS

I (we) hereby declare that I (we) own the property on which the solar system is to be installed or have the permission of the property owner to install the system on said property.

Applicant Signature:  Date: 12/11/2020

I LYN JOHN FONTENELLE hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature:  Date: 12/11/2020

Applicant Name (block letters) LYN JOHN FONTENELLE

Organization (if applicable): _____


Position in Organization (if applicable): _____

If application is prepared by someone other than the main applicant please provide details below:

Name (block letters): Gilbert George

Address: P.O. BOX 40, Canefield, DOMINICA, WEST INDIES

Tel. #: 225-6813

Signature  Date: 12/11/2020