Network Connection Application

Nelson Electricity Limited (NEL)
PO Box 7083, Nelson
Ph 03 546 9256 Fax 03 546 0487

NELSON ELECTRICITY LTD

IMPORTANT

1. To be completed by the person accepting responsibility for the New Connection, Temporary Builder's Supply and/or Major Alterations to Premises. Note – this is not an Application for Supply of Electricity.
2. This installation must comply with AS/NZS 3000:2015, Electricity (Safety) Regulations 2010 and subsequent amendments and the Nelson Electricity Limited Network Code.
3. This connection can be completed but will not be livened until you have signed up with an Energy Retailer who will arrange livening.
4. Five (5) working days must be allowed to process this application.
5. Easement Route: If the service main route traverses land belonging to another party and if a relevant easement is not subsequently registered by the applicant, Nelson Electricity Limited will NOT guarantee continued supply.

CUSTOMER OR AGENT RESPONSIBLE FOR ONGOING CHARGES

Name:	**Company Name (if any):**
Postal Address:	**Phone Number:**
Signature:	**Date:**

ELECTRICAL CONTRACTOR DETAILS

Name:

Contact Ph No:

Email Address:

Network Connection by:

Preferred Energy Trader:

For list of Approved Contractors for connection and/or works on NEL network visit www.nel.co.nz

INSTALLATION LOCATION DETAILS

Lot No:	**Street No:**
DPS:	**Unit/Flat No:**
Location of Premises / Street Name:	
Description (front/rear, etc)	
Number of Units onsite:	
Anticipated Date of Commissioning:	

CONNECTION TYPE

TICK 1 (☑)	**Commercial**	**Domestic**	**Streetlight**
New Installation	☐	☐	☐
Alteration	☐	☐	☐
Builder's Temporary *(max 30 amp)*	☐	☐	

COMMERCIAL TYPE

REQUESTED LOADING

Number of Phases Required 1 ☐ 2 ☐ 3 ☐

Expected Load (Amps per phase) _____ (eg; 20, 30, 60, 100)

State load if over 100 Amps _____ A _____ kva

UNMETERED LOAD

Watts _____ Hours of Use (1-24 hrs)

Load Description

Signature of Contractor/Customer	**Print Name**	**Date**

NEL OFFICE USE ONLY

ICP ☐☐☐☐☐☐☐☐☐☐☐☐ – ☐☐☐

Network Connection Point (NCP)	☐☐☐☐☐	Mass Market Fuse Capacity	☐☐☐ **kVA**
Transformer No	☐☐☐	TOU Winter Demand (CPD)	☐☐☐☐ **kVA**
GXP	**STK0331**	Dist. Loss Group	☐
Network Capacity Check	☐ Yes ☐ No	Pricing Group (Cat. Code)	☐☐☐☐☐☐☐

Unmetered Load _____

Authorised by _____ **Date** _____ **Signature** _____

1.) ☐ Asset Manager capacity check
2.) ☐ ICP issued
3.) ☐ ICP database updated
4.) ☐ Asset database updated
5.) ☐ MARIA Registry updated
6.) ☐ Electrical contractor sent copy
7.) ☐ Easement required? Y / N
8.) ☐ Invoice required? Y / N
9.) ☐ As-builts required? Y / N