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 No/Flat No _____

Location of Premises / Street Name _____

_____

Description (front/rear, etc) _____

Number of Units on Site _____

Anticipated Date of Commissioning _____

CONNECTION TYPE

TICK 1	**Commercial**	**or Domestic**
New Installation	☐	☐
Alteration	☐	☐
Builder's Temporary Supply (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) | | | | | |

Transformer No | | | |

GXP **STK0331**

Network Capacity Check ☐ Yes ☐ No

Unmetered Load _____

Mass Market Fuse Capacity | | | | **kVA**

TOU Winter Demand (CPD) | | | | | **kVA**

Dist. Loss Group | |

Pricing Group (Cat. Code) | | | | | | | |

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