

Northern Area Depot PO Box 5 Kaitia 0441 Ph: 09 408 9200 Fax: 09 408 9215	Top Energy Limited Head Office PO Box 43 Kerikeri 0293 Ph: 09 401 5440 Fax: 09 401 5605	Southern Area Depot 1254 Puketona Road RD 3 Kerikeri 0293 Ph: 09 407 0700 Fax: 09 407 0715
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Email: newconnections@topenergy.co.nz

IMPORTANT

1. This application is for the physical connection of your installation to the Top Energy Network ONLY. You will need to contact an electricity retailer to provide your electricity supply
2. This application provides the information necessary for Top Energy to assess the impact of the connection on the Network AND to provide a quotation for the work required to provide the connection of the installation to the Network.
3. On receipt of this application AND the application fee a Top Energy representative will contact you, to obtain further information if required, and to provide you with a quotation for the work.
4. Please allow up to five (5) working days from receipt of the completed form by Top Energy for your Top Energy Representative to contact you.
5. It is important that all panels on this form are completed as fully as possible. If in doubt ask your electrician to assist or contact Top Energy for guidance. This will avoid delays and assist both the energy retailer and Top Energy.
6. This installation must comply with AS/ANZ 3000:2000, and the Electricity Regulations 1997 and subsequent amendments.
7. Applications are valid for a period of six (6) months from date of approval.

An Application Fee of \$100 is payable. This application will only be processed after this fee is paid. We accept EFTPOS, cheques, cash, or Direct Debit into our Bank Account – Top Energy Ltd, 020332-0011638-00. (Note: Credit cards will not be accepted)

<p>SITE WHERE CONNECTION IS REQUIRED (Please provide as much detail as possible)</p> <p>Address: _____</p> <p>Town: _____ Rapid Number: _____</p> <p>Title No: _____</p> <p>Lot No: _____ DP No: _____</p> <p>Property Name: _____</p> <p>Proposed Energy Retailer: _____ (if known)</p>	<p>APPLICANT DETAILS (Please write your name in full)</p> <p>Full Name: _____</p> <p>Postal Address: _____</p> <p style="text-align: right;">Postcode: _____</p> <p>City: _____ Mobile: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>												
<p>ELECTRICAL CONTRACTOR (The Electrician doing the electrical work)</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ Postcode: _____</p> <p>Phone: _____ Mobile: _____</p>	<p>ELECTRICAL REQUIREMENTS (Your Electrician will be able to assist)</p> <p>Capacity: _____ (Amps) No of Phases _____</p> <p>Max Demand: _____ (kW estimate)</p> <p>Service Main: Size: _____ Type _____</p> <p style="text-align: right;">Overhead Underground (circle)</p> <p>Motors: Size: _____ Power Factor _____</p> <p>Other: _____</p> <p><small>Detail all connected loads with capacities greater than 6kW (e.g. welders, spa pools, sauna, kilns etc) and motors with a full load rating greater than 1.5kW.</small></p>												
<p>TYPE OF CONNECTION (Please circle)</p> <p>New Installation: Permanent Other _____</p> <p>Joint Supplies: Joining Together Separating Apart</p> <p>Installation Size: Increase of Load Decrease of Load</p>	<p>PROPERTY DETAILS</p> <ul style="list-style-type: none"> On the reverse of this form please sketch the location of your property If more space is required or for complex installations please attach further drawings or information to this application. <p>Sketch on the reverse of this form <input type="checkbox"/> (tick)</p> <p>Further information attached <input type="checkbox"/> (tick)</p>												
<p>DESCRIPTION OF INSTALLATION (Please circle)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">DOMESTIC</td> <td style="width: 33%;">RURAL</td> <td style="width: 33%;">COMMERCIAL</td> </tr> <tr> <td>House</td> <td>Flat or Unit</td> <td>Milking Shed</td> </tr> <tr> <td>Pump</td> <td>Workshop</td> <td>Office</td> </tr> <tr> <td>Shop</td> <td>Factory</td> <td>Other _____</td> </tr> </table>	DOMESTIC	RURAL	COMMERCIAL	House	Flat or Unit	Milking Shed	Pump	Workshop	Office	Shop	Factory	Other _____	<p>CUSTOMER REQUIREMENTS</p> <p>Date Quote Required: _____</p> <p>Date Livening Required: _____</p> <p>Site Visit: Would you like to be met on site? YES / NO</p>
DOMESTIC	RURAL	COMMERCIAL											
House	Flat or Unit	Milking Shed											
Pump	Workshop	Office											
Shop	Factory	Other _____											
<p>OFFICE USE ONLY</p> <p>CUSTOMER NUMBER _____</p> <p>JOB NUMBER _____</p>	<p>SIGNATURE OF APPLICANT(S)</p> <p>_____ Date ____/____/____</p> <p>_____ Date ____/____/____</p>												

SKETCH LOCATION OF PROPERTY:

In addition to the location of the electrical installation, and where the new electricity supply is required, please show property boundaries, nearest neighbours, road names, the direction to the nearest township, plus any other useful landmarks.

OFFICE USE ONLY

Connection Application Approved: Signed _____ Date _____ Expiry _____

ICP No _____ O O O O O _ _ _ _ _ T E _ _ _

GXP _____ Zone Sub _____ Feeder _____

Inspected / Livened By _____ Date _____ COC No _____

Fuse Size Installed _____ (Amps) Phase R Y B 1 2 3 Pillar/Pole No _____

TX No _____ TX kVA _____ Streetlight No _____ Meter Owner _____

Initials

Date

Initials

Date

Application Received			Assembled By		
Fees Paid			Letter & Quote Sent		
Sent to KHO Office			File Notes Added		
Surveyed By			Estimate Paid		

FILE NOTES

