Project Questionnaire



Project name:			
Short storage description:			
Project address (if unknown, City and State):			
Inverter and storage intended uses (check all that apply):			
☐ Peak Demand Reduction			
☐ TOU – Load Shifting			
 Demand Response (Interconnection Agreement Required with Utility) 			
☐ Solar Self Consumption (Energy Arbitrage)			
☐ Critical Load Backup Power (See Below)			
☐ Special Purpose (Special Engineering Required – See below for notes)			
Special Pulpose (Special Engineering Required – See below for notes)			
Facility incoming electric service 3-phase voltage:Vac / Service Size amps			
Anticipated inverter size (if known):kW			
Will the installation use DC coupled PV on the storage inverter? ☐ No ☐ Yes How many kW:			
Gridbox part# (if known)			
or			
anticipated storage size:kWh			
Anticipated container size (if known):Ft.			
Does the property owner have interest in a 3^{rd} party financial optimization software contract for the storage system available through OATI? \square No \square Yes (system can be programmed based on historical usage)			
Does the facility have an existing emergency generator? (If yes, provide the name-plate information) □ No □ Yes If yes, provide the name-plate information:			
Is existing facility electrical one-line diagram available: \Box No \Box Yes			
Critical Load Backup Power:			
Does the property owner have a separate panel that will be backed up or will new installation of a separate one be required? \Box Existing \Box New required			
What will the total load of the backup panel be:kW			
How long of a time period does the property owner want critical load backup?HrsMin.			
Has the site been reviewed for constructability of a backup panel? $\ \square$ No $\ \square$ Yes			
Does this project require engineering services? ☐ No ☐ Yes Does this project require Turnkey services? ☐ No ☐ Yes			

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Special Engineering Requirements:		
Utility Release (For information needed to design and calc	culate cost implications on beha	If of customer)
Customer (company) name:		
I certify that I am an authorized represo	entative for the customer list	ed above and I authorize
Lithion Tech and its designated representation	entative to access and utilize	any energy consumption
information and data. I understand tha	at this information will be use	d to evaluate energy use
patterns for the purpose of evaluating	energy performance and dete	ermining the potential for
actual energy savings that may results		
<i>,</i>	, , , , , , , , , , , , , , , , , , ,	
Signature of Authorized Facility Repres	entative	Date
Print Name	Title	
Phone #	Email	
Electric:		
Account Name:		
Account Mailing Address:		
Electric Utility Company:		
Account Number		
Electric Delivery Co. (if separate):		
Electric Delivery Account #:		