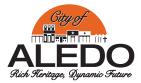


## Solar Photovoltaic System Permit Application

PROPERTY INFORMATION		RESIDENTIAL	COMMERCIAL					
Address:	Suite #:	Lot:Block:	Array Square Footage:					
ADDITIONAL COMMERCIAL BUILDING INFORMATION								
Description of Building: Type of Business:	Year Built	Type of Roof:						
Number of Stories:     Is there a fire sprinkler system?     YES     NO								
Owner Name:			Company Name:					
Mailing Address: City, State, ZIP:			Company Rep.:					
Phone:			Mail Address: City, State, ZIP:					
Email:		-	Phone:					
Roof Top								
Ground Mount								
Other:		Size of System (kW	):					
PERMIT APPLICATION REQUIRED DOCU	JMENTATION							
CONSTRUCTION DOCUMENTS								
All construction documents must be submitted through approved digital media and must be:								
Site specific, stamped engineered	drawings (reviewed	or designed, and sealed by	a licensed professional engineer),					
assembly installation plans, manuf	assembly installation plans, manufacturer's installation instructions, and/or equipment manufacturer's data sheets.							
	Make, model, and quantity of module, inverter, and racking system certified to the UL 2703, UL 62109, or UL 1741 standard by							
	a Nationally Recognized Testing Laboratory as appropriate.							
Framing plans								
	Method of sealing/flashing for roof penetrations							
	Connection details to building or ground mount Structural calculations or load diagram <i>require engineer design</i>							
	gram require enginee	er design						
Data cut sheets for battery storage	e if applicable (includ	ling type of battery)						
			ent design criteria including:					
	SITE PLAN – Include the PV array layout in compliance with the local government design criteria including:							
Roof plan showing location of equipment and, if required fire setbacks								
Existing site easements, property lines, building setback lines, zoning setbacks								
	Typical side view detail of the solar PV system mount on the roof							
	Location of all existing structures and proposed PV system equipment <i>(including modules, disconnects, inverters, panel boards, combiner bayes, sterage bettering, utility meters, etc.)</i>							
combiner boxes, storage batteries, utility meters, etc.)								
Plumbing vent termination: Vent termination is not be allowed under solar installations and must be relocated or modified, or								
an air admittance valve may be utilized in accordance with the International Plumbing Code (IPC) and/or the International								
Residential Code. (IRC)								



## Solar Photovoltaic System Permit Application

	FIRE CODE REQUIREMENTS				
	Installation complies with NFPA 70 as adopted by the State of Texas.				
	ELECTRICAL PLANS				
	In addition to the construction documents, include a three-line diagram prepared by a master electrician licensed by TDLR and				
_	designed and sealed by an engineer. A proper line drawing shall include:				
닏	AC and/or DC circuit arc fault protection as required by the National Electric Code				
Ш	Inverter listed to the UL 62109 or UL 1741 Safety Standard; photovoltaic module(s) listed to the UL 1703 safety standard.				
_	Listings conducted by a Nationally Recognized Testing Laboratory.				
Ц	Inverter AC output disconnect location, utility disconnect location, and AC output over-current protection device rating.				
Ц	Location of combiner box(es), disconnect switch, size of source circuit overcurrent protection				
	Service panel bus rating and main circuit breaker/fuse ampere rating				
Ц	Circuit diagram with conduit, wire type and sizes, and/or cable type and wire sizes				
Ц	Equipment grounding and bonding conductors and grounding electrode conductor, if applicable				
Ц	Battery disconnect and overcurrent protection, if applicable				
	List of all appropriate labels and markings per NEC and IFC requirements				
NOTICE:					

This permit becomes null and void if the work or construction authorized by this permit does not commence within 180-days of issuance, or if the work is incomplete due to suspension or abandonment 180-days after the work commenced. Requests for inspections must be scheduled before 4:00 P.M. for the following business day. Email inspection request to permits@aledotx.gov

I have contacted the homeowner's association (HOA) or otherwise verified and have received HOA approval, if applicable. Through my signature provided below, I certify that the plans and all proposed construction, meets or exceeds current code requirements. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

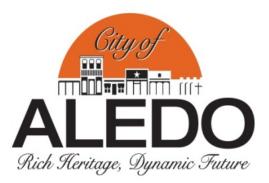
THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. THE ISSUANCE OF THIS PERMIT NEITHER EXEMPTS NOR MODIFIES ANY COVENANTS, DEED RESTRICTIONS, CITY ORDINANCES OR STATE OR FEDERAL LAWS, WHETHER HEREIN SPECIFIED OR NOT.

I HEREBY AFFIRM THAT I HAVE READ THE APPLICATION AND THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE ADOPTED CODES FOR THE CITY OF ALEDO.

Applicant Name:

Date: \_\_\_\_\_

City of Aledo Community Development Department (817)441-6848



## CONTRACTOR ACKNOWLEGEMENTS

**ONLY** individual contractors <u>MUST COMPLETE AND SIGN</u> this form. If your State License or COI (Certificate of Insurance) is expired the permit you are working will be invalid and will not be issued or may be cancelled by the Building Official.

Construction address:\_\_\_\_\_

Building Contractor:\_\_\_\_\_

MASTER	ELECTRICIAN'S STATEMEN	T:						
I,, do acknowledge that I <i>will be doing the electrical work</i> for the construction at the above stated address.								
(Date)	(Master Signature)	License #	/_ Exp. Date	/ Cert. of Insurance exp d	ate			
(Company nar	ne, address, & phone number)							

## MASTER PLUMBER'S STATEMENT: I, \_\_\_\_\_\_\_\_\_, do acknowledge that I will be doing the plumbing work for the construction at the above stated address. (Date) (Master Signature) License # Exp. Date Cert. of Insurance exp date

 MECHANICAL/HVAC STATEMENT:

 I, \_\_\_\_\_\_\_\_, do acknowledge that I will be doing the mechanical/HVAC work for the construction at the above stated address.

 (Date)
 (Master Signature)

 License #
 Exp. Date

 Cert. of Insurance exp date