



PHOTOVOLTAIC Permit Application

Please Print legibly and complete all areas.

Date of Application	Date Work Starts	Date Issued	Receipt No.	Permit Number:
Property Address:			Valuation (Cost of Project):	
Owner of Property:			Owner Phone Number:	
Owner Address if different than above:			Owner email:	
Contractor:			Contractor Phone #:	
Contractor Business Address:			Contractor License #:	
Contractor email: (Inspection results sent to this email)				

Residential **Commercial**
Mounted to: Roof Ground
Located on: Primary Structure Accessory Structure
System type:
 Micro-Inverter String Array A/C Module
Updating Meter/subpanel? YES NO

(If yes, a separate residential electric service change permit is required)

Fee Schedule:	City Code <small>(City use only)</small>
Permit Fee: \$150.00	701
Plan Review Fee: \$50.00	706
Meter Connection: \$50.00	412
State 1% Fee: \$1.50	707
Total: \$251.50	

(Zoning and submittal requirements on back page)

This permit, once issued, becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. 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 and I make this statement under penalty of perjury.

I agree to abide by the service regulations of Brigham City's Public Utilities. I further agree to pay Brigham City all incurred charges for utility services rendered as requested herein. In the event that I fail to pay for utility services when due, I agree that utility services may be discontinued and I will pay all costs of collection, including a reasonable attorney's fee, court costs and collection fees of up to 50% of the balance due. I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of owner or authorized agent:

 Date: _____

Call 435-734-6604 for Inspections:
24 hour notice is required in order to schedule an inspection

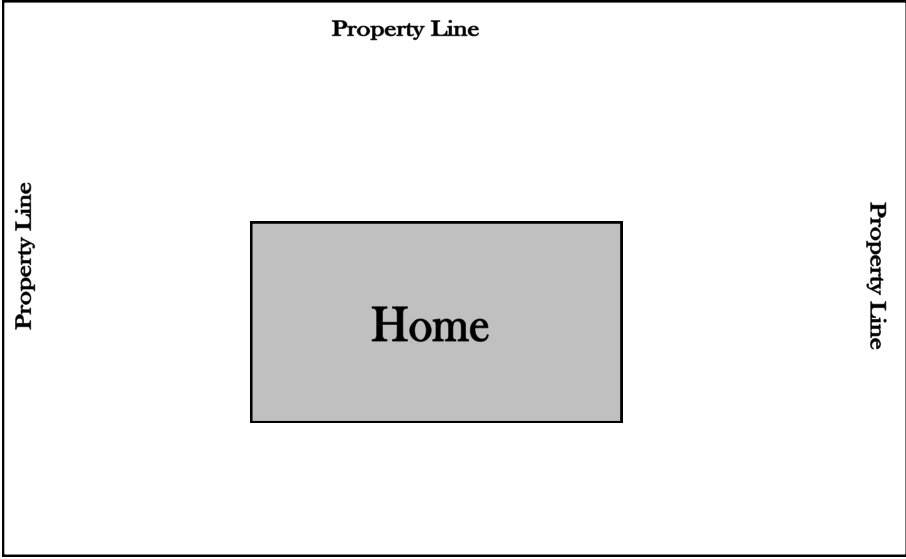
This application does not become a permit until signed below.

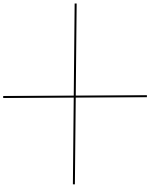
Office Use Only Signature of Approval

Date: _____

Zoning Information and Approval

-Please indicate location if free standing structure is utilized on property-

 <p>Property Line</p> <p>Property Line</p> <p>Property Line</p> <p>Property Line</p> <p>Home</p> <p>Site Plan</p>	<input type="text" value="ZONE"/>
	<input type="text" value="Parcel #"/>
	<input type="text" value="Approved by"/>


Indicate North/South

COMMENTS: _____

Required Submittal Information

- 1. Site plan showing locations of major components on the property.** (Address, Home, North South Orientation, location of solar panels, Maintenance and fire access walking surfaces, dimensions of set backs if solar panels are not mounted on roof.)
- 2. Electrical diagram showing PV array configuration, wiring system, overcurrent protection, Inverter, disconnects, required labels.**
- 3. Specification sheets for panels and installation manuals.**
- 4. Net Metering Application and agreement.**
- 5. Engineering analysis of solar panel load on existing truss and roof system.**