

DUNBARTON BUILDING DEPARTMENT
1011 School Street ~ Dunbarton, NH 03046
603-774-3540 Ext 106 ~ Email: building@dunbartonnh.org

SOLAR PERMIT

Property Owner: _____
Mailing Address: _____
Site Address if different: _____ **Map** _____ **Block** _____ **Lot** _____
Best contact phone #: _____ **Email:** _____

Contractor: _____ **Contact name:** _____
Mailing address: _____
Phone: _____ **Cell:** _____ **Email:** _____
License type: _____ **License number:** _____
Scope of work: _____

Subcontractor or Professional Engineer: _____
Contact name: _____ **Email:** _____
Mailing address: _____
Phone: _____ **Cell:** _____
License type: _____ **License number:** _____
Scope of work: _____

Please list on a separate sheet all of the above subcontractor information for any additional subcontractors employed on the project.

Solar PV System Information

Racking Type: _____
Racking Manufacturer & Model #: _____
Panel Manufacturer & Model #: _____
Inverter Manufacturer & Model #: _____

Building Information (Roof-Mounted Only)

Building Type (house, shed, barn, slab): _____
Building Height (in feet): _____ **Year Built:** _____
New or existing construction? New Construction ____ Existing Construction ____ / **Roof construction:** Rafters ____ Trusses ____
Are there other permits associated with this application? Yes ____ No ____
Describe: _____

Electrical Description

Size (amps) and type (phase, voltage) of electrical service: _____
Amperage of main breaker: _____ **Will the value of main breaker change?** Yes ____ No ____ **To:** _____
Rated amperage of the bus bar in the main panel: _____
Type of interconnection: _____
Electrical panel location: _____
If load side interconnect, will solar inter-tie into a subpanel? Yes ____ No ____ **If yes, rated amperage of the subpanel bus bar?** _____
Value of breaker protecting subpanel bus bar: _____

Attachments for application (check all that are attached)

- ☐ 1. Additional Subcontractors and Information
- ☐ 2. One-Line Electrical Drawing
- ☐ 3. One-Line Site Plan Drawing
- ☐ 4. Attachment Details (Line Drawing) *
- ☐ 5. Solar PV Module Specification Sheets from Manufacturer
- ☐ 6. Inverter Specification Sheets from Manufacturer
- ☐ 7. Engineer-stamped Pole or Ground Mount Information (if applicable) *
- ☐ 8. Engineer Structural Review Worksheet
- ☐ 9. Payment
- ☐ 10. Plot Plan with location of array, property lines, and setback shown

***NOTE:** Applicants should submit either Attachment 4 for roof-mounted systems **OR** Attachment 7 for pole/ground-mounted systems, not both.

It is the responsibility of all contractors to obtain the necessary permits from the Building Department before ANY work has begun. Work must begin with six months of the issuance of any permit.

Electricians must have a valid trade license from the State of New Hampshire to obtain a permit. Permits are not transferable.

Permits will not be issued until all of the required information has been furnished and all conditions mentioned above have been met.

It is the responsibility of the contractor to obtain all inspections required. This signed application constitutes consent on the applicant's part to allow for all inspections at the property location listed.

INSPECTIONS REQUIRED: (24 HOUR NOTICE REQUIRED)

- 1. Underground conduit installations
- 2. When rough-in is complete and visible (Rough)
- 3. When job is complete.

Building Inspector approval certifies that the applicant can proceed with installing the system in accordance with the specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits.

If you have any questions, please contact the Building Department at 603-774-3540, Ext. 106.

STATEMENT OF COMPLIANCE:

This application is made with the full knowledge of the current requirements of the regulations governing such installation, which will be made in compliance with INTERNATIONAL BUILDING CODE 2015 NFPA 70, & NATIONAL ELECTRICAL CODE 2017, including State of NH adopted Electrical Code Amendments. I further agree, upon accepting this permit, NOT to cover any part of the installation until it is inspected, tested and approved. PERMIT MUST BE ISSUED PRIOR TO INSTALLATION.

I have read and understand the statement and hereby agree to all of the terms stated therein. I agreed to abide by any and all codes relating to my field of work, including all national, state and local codes. I also realize that any false statement made in the application for permit may be grounds for revocation of said permit.

Owner or Authorized Agent Signature

Date

THIS SECTION FOR OFFICE USE ONLY

Permit # _____ Fees _____ Date Paid _____

APPROVED BY: _____ **DATE:** _____