

TOWN OF LOUDON
BUILDING DEPARTMENT/CODE ENFORCEMENT
8 COOPER STREET LOUDON, NH 03307
603-798-5584

APPLICATION FOR SOLAR PERMIT – PLEASE PRINT

Office Use: Permit # _____ **Tax Map #** _____ **Lot #** _____

Property Owner: _____ Email: _____
Mailing Address: _____
Daytime Phone: _____ Cell Phone: _____

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 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 _____ N/A _____
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 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 Pole or Ground Mount Information (if applicable) *
- ☐ 8 **Engineer Structural Review Worksheet Required**
- ☐ 9 Payment

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 within six months of the issuance of any permit.

Electricians must have a valid 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. The 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 questions, please contact the Building Department at 603-798-5584.

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 / RESIDENTIAL CODE 2018 Edition, NFPA 70, NATIONAL ELECTRICAL CODE 2020 Edition, 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 agree 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

Signature of Building Official

Date

Fee Due: _____ Date Paid: _____ Receipt Number: _____