

Commercial Solar Photovoltaic Array Fields Permit Application



This Application is for Commercial Solar Photovoltaic Installations Exceeding 25 KW / DC

Commercial Solar Photovoltaic Array Fields Permit Application

Date _____ Permit Number _____ Application Fee \$ _____

Tax Map(s) _____ Town _____

Zoning Approval Required Yes ___ No ___ SEQR Completed and Approved Yes ___ No ___

Is Project within a FEMA Designated Flood Hazard Area? Yes ___ No ___ (All Developments within Fema Designated Flood Hazard Zones are subject to Local Flood Damage Prevention Laws and Permitting)

Project 911 Address(s) _____

Applicants Name _____ Phone _____

Mailing Address _____

Applicant's Signature _____

Design Professional Name _____ Phone _____

Property Owner(s) _____ Phone _____

Mailing Address _____

3rd Party Electrical Inspection Agency _____

Special Inspectors _____

- (2) sets of design documents bearing signature and seal of a New York State licensed Design Professional
- Copy of Local Zoning and County Planning Board Approval
- Copy of SEQR
- Equipment. Photovoltaic panels and modules shall be listed and labeled in accordance with UL 1703. Inverters shall be listed and labeled in accordance with UL 1741. Systems connected to the utility grid shall use inverters that are listed for utility interaction.
- All Electrical Requires Third Party Electrical Agency inspection and Certification

Fee Schedule:

Solar Arrays of up to \$100,000 Dollars in Value \$ **300.00**

Solar Arrays of Over \$100,000 Dollars in Value \$ **300.00** for initial \$100,000 Plus \$2.00 for each additional \$1,000.00 of Project Valuation

**STATEMENT OF WORKERS' COMPENSATION
(CONTRACTOR)**

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers' Compensation. I agree I will provide proof of Workers' Compensation or proof of Exemption to the Lewis County Building and Codes Office. I understand that the proof will be filed for a period of one (1) year.

Signature of Contractor

Date Signed

Contractors Name Printed

THIS PERMIT COVERS ONLY THE WORK DESCRIBED IN THIS APPLICATION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. 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.

Signature of Applicant or Authorized Agent _____ Date _____

FOR ENFORCEMENT OFFICERS USE ONLY

Value of Work (materials & labor) - \$ _____ Type Of Construction _____

Approved Zoning Permit Required – YES / NO / NA

I, the undersigned, Code Enforcement Officer of the County of Lewis, hereby (approve) (deny) the within application for a building permit.

Date _____

Code Enforcement Officer _____