

EXPEDITED BUILDING PERMIT CHECKLIST FOR RESIDENTIAL ROOFTOP MOUNTED SOLAR PHOTOVOLTAIC SYSTEMS IN BURIEN, WA

Contractors can apply for an _____ permit when the PV system meets the requirements listed _____ #
 All project plans and supporting documentation must be provided on site for the inspector.

-----TO BE COMPLETED BY APPLICANT-----

1 Project Information

Property Owner Name:			
Project Address:		Parcel #	
	City:	State:	ZIP:
Day Phone:			
Contractor Name			
Contractor License #:			
Contractor Day Phone:			
PV system description (include manufacturer and model # of PV modules and inverters):			

2 Determine if your project qualifies for expedited permitting:

	Yes	No
1. PV system is designed and proposed for a detached one- or two-family dwelling or townhouse not more than three stories above grade or detached accessory structure that is code compliant to setbacks and height, or code allows expansion of nonconformity for solar modules.	<input type="checkbox"/>	<input type="checkbox"/>
2. Modules on pitched roofs do not exceed the highest point of the roof unless approved by the local jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
3. Rooftop is made from lightweight material such as a single layer of composition shingles, metal roofing, lightweight masonry, or cedar shingles.	<input type="checkbox"/>	<input type="checkbox"/>
4. The installation shall comply with the manufacturer's instructions.	<input type="checkbox"/>	<input type="checkbox"/>
5. The installation shall meet the requirements of NFPA 70 National Electric Code, and all required electrical permit(s) must be obtained from the Authority Having Jurisdiction to administer the electrical code.	<input type="checkbox"/>	<input type="checkbox"/>
6. The equipment layout meets the roof setback requirements of the 2015 IFC. See the Burien handout "Firefighter Access for Roof Mounted Solar Array Residential Systems.	<input type="checkbox"/>	<input type="checkbox"/>
7. The PV system is designed for the wind speed of the local area, and will be installed per the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>
8. The ground snow load does not exceed 70 pounds per square foot.	<input type="checkbox"/>	<input type="checkbox"/>
9. Total dead load of modules, supports, mountings, raceways and all other appurtenances weigh no more than four pounds per square foot. Enter total dead load of system (lbs/ft ²): _____	<input type="checkbox"/>	<input type="checkbox"/>
10. To address uplift, modules are mounted no higher than 18" above the surface of the roofing to which they are affixed.	<input type="checkbox"/>	<input type="checkbox"/>

11. Supports for solar modules are installed to spread the dead load across as many roof-framing members as needed to ensure that no point load exceeds fifty (50) pounds.	<input type="checkbox"/>	<input type="checkbox"/>
12. The photovoltaic modules and supporting structure shall be constructed of noncombustible materials or fire-retardant treated wood equivalent to that required for the roof construction.	<input type="checkbox"/>	<input type="checkbox"/>
13. Roof and wall penetrations shall be flashed and sealed to prevent entry of water, rodents, and insects.	<input type="checkbox"/>	<input type="checkbox"/>
14. PV modules are listed and labeled with a fire classification in accordance with UL 1703.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

 **If you answered yes to all of the above questions, no separate building permit is required. If you answered no to any of the above questions, a building permit is required.**

3 Submit this Checklist, Site Plan, and other required permit application forms to:

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 **As the property owner or authorized representative of the above listed property, I attest that all information in this checklist is accurate to the best of my knowledge.**

Applicant Signature:	Date:
Applicant Name (Please Print):	

-----TO BE COMPLETED BY CITY STAFF-----

Qualifies for OTC Building Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Application #:
Staff Initials _____ Date:	