

SOLAR PERMIT APPLICATION

Town of Temple

PROPERTY OWNER

Name:		
Mailing Address:		
City:	State:	ZIP Code:
Email:	Phone:	Cell Phone:

INSTALLER

Name:		
Licensed Electrician:		License Number:
City:	State:	ZIP Code:
Email:	Phone:	Cell Phone:

SYSTEM DESCRIPTION

Is the system to be interconnected to the local utility grid?	Y	N	If Yes: provide a copy of interconnection form showing
and approval to install from electric utility.	Electric Utility?:	Eversource	Or: NH Electric Cooperative

AC rating of system (per manufacturer's specs):

DC rating of system (per manufacturer's specs):

Provide a simple diagram, with major components labeled and identified.

Inverter Manufacturer:	Model:	Rating (kw):	UL 1741 listed: Y N
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Labeling, show attached plan.

TYPE OF SYSTEM (CIRCLE GROUND OR ROOF)

GROUND MOUNTED	Attach site plan showing location	and setbacks
ROOF MOUNTED	Rafter size:	Rafter span (ft):
	Rafters (" on center):	

Owner's Certification:

I certify that, to the best of my knowledge, all of the information provided in this application is true. The proposed installation complies with Town of Temple zoning regulations. I grant Town of Temple building inspector and/or select board permission to enter my property for the purpose of inspection of the solar photo-voltaic installation. I acknowledge that the installation must be inspected by the Temple building inspector prior to the system being utilized.

PROPERTY OWNER:	DATE:
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Installer's Certification:

I agree to comply with the current State of New Hampshire Building Code, New Hampshire Fire Code and the 2014 edition of the National Electric Code. I certify that at all times work involving the solar panels and connections a NH licensed electrician will be present.

INSTALLER:	DATE:
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**SOLAR PERMIT APPLICATION
TOWN OF TEMPLE**

Building Inspector:

_____ (date)

Select Board:

_____ (date)

_____ (date)

_____ (date)

Fee paid _____

Accepted by: _____ (date) _____