Application Number: Related Records:



Olmsted County Planning Department Inspections Division 2122 Campus Dr SE, Suite 100 Rochester, MN 55904 P: 507-328-7100 F: 507-328-7958 planningweb@olmstedcounty.gov

### **ROOFTOP SOLAR PHOTOVOLTAIC PERMIT APPLICATION**

#### **Mandatory Submittal Information**

- 2 copies of site plan including distances from other structures, property lines, public streets, easements, septic tanks, drainfields and all wells
- 2. 2 sets of drawings with specifications per type of structure

### Site Address:

Township/Section	Subdivisio	Subdivision		Lot	Parcel	
Applicant (select one):	Property Owner	Contractor/Profe	essional	Other (desc	ribe):	
		Scope of Work				
Describe project in detail:						
	_	Property Owner				
Full Name:		Phone:	Email	:		
Address:						
General Contractor/Professional						
Company Name:		Phone:		Email:		
Contact Name:		State License Number:			Exp. Date:	
Address:						
	Archite	ect/Designer/En	gineer			
Company Name:		Phone:		Email:		
Contact Name:		State Registration Number:				
Address:						
		Droject Info				

Valuation of materials and labor:

The information in this guideline is intended to help local jurisdictions and contractors identify when PV system installations are simple, needing only a basic review, and when an installation is more complex. It is likely that 50% - 75% of all residential systems will comply with these simple criteria. For projects that fail to meet the simple criteria, resolution steps have been suggested to provide as a path to permit approval.

				Applic Relat	ation Numb	oer:		
Structur	al Review of	PV Arra	y Mounting Syste	em				
Is the arr	ay to be mour	nted on a	defined, permitted	roof struc	ture?	Yes	No	
If No o for the	due to non-coi e installation.	mpliant ro	of or a ground mol	unt, submi	it approva	al from a Minn	nesota State licens	e engineer
Roof	Information:							
1.	Is the roofing	g type ligh	ntweight?	Yes	No			
	If YES, check	that app	ly or explain:	Compo	sition	Lightw	eight Masonry	Metal
If NO, submit completed worksheet for roof structure WKSI (No = heavy masonry, slate, etc.).								
2.	Does the roo	f have a s	ingle roof covering	?	Yes	No		
3.	Provide meth	od and ty	pe of weatherproo	fing roof p	enetratio	ns (e.g. flashi	ing, caulk):	
4.	Is the solar in	nstallation	to be mounted on	pitched ro	oof in goo	od condition, v	without visible sag	or
	Voc	No	or spintering of st		other pot			
-	res	NO	a				с	
5.	is the equiph	nent to be	e flush-mounted to	the root (	such that	the collector	surface is parallel	to the
	roof)?	Yes	No					
If NO propo. requir	to any questio sed structural ed in addition	ns 1 – 5 a modificati to other il	above, a study or s ions stamped by a i nformation.	tatement i Minnesota	regarding licensed/	the proposed (certified struc	l solar installation ctural engineer ma	and all y be
Mounti	ng System Ir	ofrmatio	on:					
1.	Is the mount	ing struct	ure an engineered	product de	esigned to	o mount PV m	nodules with no mo	ore than an
	18" gap bene	eath the n	nodule frames? Ye	es N	0			
	If NO, provia	le details	of structural attach	ment certi	ified by a	design profes	ssional.	
2.	2. For manufactured mounting systems, fill out information on the mounting system below:							

- a. Mounting System Manufacturer: Product Name and Model Number:
- b. Total Weight of PV Modules and Rails:
- c. Total Number of Attachment Points:
- d. Weight per Attachment Point (b -:- c): (if greater than 45 lbs., see WKSI)
- e. Maximum Spacing Between Attachment Points on a Rail: (see product manual for maximum spacing allowed based on maximum design wind speed)
- f. Total Surface Area of PV Modules (square feet):
- g. Distributed Weight of PV Module on Roof (b -:- f):

## If distributed weight of the PV system is greater than 5 lbs./ft2, see WKSI.

# I certify that the roof at the above address has only one layer of roof covering.

Signature:

Printed Name:

Date:

Application Number:
Related Records:
sclaimer and Signature

I hereby apply for a building/zoning permit, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of Olmsted County and with the Minnesota Building Codes; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant Signature:				Date:
		Zoning Re	view	
Zoning District:		Site Plan:	Acres:	
Required Setbacks:	Front	Side	Rear	Side Street
Comments:				
Zoning Administrator:				Date: