



# Town of Moreau

Building Department  
351 Reynolds Road  
Moreau, NY 12828-9261  
**Phone:** (518) 792-4762  
**Fax:** (518)792-4615

**Matt Dreimiller**  
*Building Inspector/CEO*  
**Kathy Perez**  
Building Department Clerk

## SOLAR PERMIT APPLICATION REQUIREMENTS

Please keep this coversheet for your information

**No construction activities may commence until an approved permit is issued**

**TWO SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (ONE ORIGINAL AND ONE COPY):**

- 1) **APPLICATION MUST BE FILLED OUT COMPLETELY & CLEARLY.** Name and address must be on each document. The signature of the property owner, applicant, or contractor is required.
- 2) Detailed plans to include (but not limited to):
  - a. Site/Plot Plan showing location of major components of solar system and other equipment on roof or legal accessory structure. This plan should represent relative location of components at site, including, but not limited to, location of array, existing electrical service location, utility meter, inverter location, system orientation and tilt angle.
  - b. One-Line or 3-Line Electrical Diagram
  - c. Specification Sheets for all manufactured components
  - d. All diagrams and plans must be prepared by a PE or RA as required by New York State law and include the following:
    - i. Project address, section, block and lot number of the property
    - ii. Owner's name, address and phone number
    - iii. Name, address and phone number of the person preparing the plans; and
    - iv. System capacity in kW-DC.
- 3) You **MUST** provide a letter from a Professional Engineer or Registered Architect certifying that the existing structure can support the additional weight and wind loads of the solar electric system
- 4) Letter of Acceptance from the Utility Company
- 5) Approved electrical inspection agency
- 6) Insurance requirements:
  - a. **Homeowner:**
    - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage (**form CE-200 found at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)**)
    - ii. Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
  - b. **Contractor:**
    - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
    - ii. Certificate of Disability insurance: **Form DB-120.1 or DB-155**
    - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage: **Form CE-200 found at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)**

**ACORD forms are not an acceptable proof of Workers Compensation or Disability Insurance Coverage**

- 7) Fee as per fee schedule (Collected when application is approved)

## TOWN OF MOREAU SOLAR PERMIT APPLICATION

### Location Information

Job Site Address \_\_\_\_\_

Tax Map ID# \_\_\_\_\_

Total Cost of Work \$ \_\_\_\_\_

System Capacity \_\_\_\_\_ kW-DC

Type of System \_\_\_\_\_ Roof Mount \_\_\_\_\_ Ground Mount

### Property Owner Information

Owner's Name (print) \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature Date

### Agent, Architect, or contractor information (if applicable)

Applicant (print) \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Person responsible for code compliance: \_\_\_\_\_

Name (Print)

Electrical inspection agency: \_\_\_\_\_

I affirm that, the information I've given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.

Applicant  
Name (print): \_\_\_\_\_

Applicant  
Name (signed): \_\_\_\_\_

### Official Use Only

Received: \_\_\_\_\_ Issued on: \_\_\_\_\_ Permit #: \_\_\_\_\_

Permit Fee: **\$50.00** Expires on: \_\_\_\_\_

Building  
Inspector: \_\_\_\_\_ Date Approved: \_\_\_\_\_

### Inspection

| Description               | Pass | Fail | N/A | Date | Inspected by |
|---------------------------|------|------|-----|------|--------------|
| Site (If applicable)      |      |      |     |      |              |
| Footing/Foundation        |      |      |     |      |              |
| Electrical Inspection     |      |      |     |      |              |
| Rough                     |      |      |     |      |              |
| Final                     |      |      |     |      |              |
| Certificate of Compliance |      |      |     |      |              |

## **REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED**

\*\*\*\* Please do **NOT** leave requests for inspections on voicemail.  
Inspections requested via voicemail may not be scheduled. \*\*\*\*

- Site Inspection
- Footing/Foundation if ground mounted system (before pouring concrete)
- Framing (if applicable) for support of existing structure
- Electrical Inspections (done by a third party electrical inspector)
  - Rough and final
- Final Inspection (All required work must be complete before a Certificate of Occupancy/Compliance can be issued)