



Town of Moreau

Building and Zoning Dept.

Town Office Complex

351 Reynolds Road

Moreau, NY 12828-9261

Phone: (518) 792-4762 ~ Fax: (518) 792-4615

SOLAR PERMIT APPLICATION REQUIREMENTS

No construction activities begin until an approved permit is issued

THREE SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (2 PHYSICAL AND 1 ELECTRONIC)
ELECTRONIC COPY CAN BE EMAILED TO Biclerk@townofmoreau.org

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
 - 2) **DETAILED DRAWINGS** - 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 such as 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 plants must be prepared by a PE or RA as required by NYS law and include the following:
 - i. Project address, section, block, and lot number of property.
 - ii. Owner's name, address and phone number
 - iii. Name, address, phone number of person preparing plans
 - iv. System capacity in KW-DC
 - 3) **ELECTRICAL INSPECTION** Approved by NYS Certified inspection agency
 - 4) **ACCEPTANCE LETTER** from the utility company.
 - 5) **PE or RA LETTER**: You MUST provide a letter from a Professional Engineer or Registered Architect certifying that the existing structure can support the additional weight and wind load of the solar electric system.
 - 6) **INSURANCE**: REQUIRED by Homeowner or Contractor
 - i. **Homeowner**:
 - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage **form CE-200**
 - 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**
 - ii. **Contractor**:
 - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
 - ii. Certificate of Disability: **Form DB-120.1 or DB-155**
 - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits: **Form CE-200**
- ACORD forms are not acceptable proof of Workers Compensation or Disability Insurance Coverage**
- 7) **FEE** as per fee schedule -Collected when application is approved



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SOLAR APPLICATION

LOCATION Information

Job Site Address _____

Tax Map # _____

Approx. Cost of Construction \$ _____

System Capacity KW-DC _____

- System Type (Circle one) **GROUND MOUNT** or **ROOF MOUNT**

OWNER Information

Name (PRINT) _____

Phone # _____

Address _____

Email _____

Owner's Signature _____

Date _____

CONTRACTOR or AGENT Information

Name (PRINT) _____

Phone # _____

Address _____

Email _____

Signature _____

Date _____

Electrical Inspector or Agency: (PRINT) _____

Person Responsible for code compliance: (PRINT) _____

OFFICIAL USE ONLY

Permit Fee: _____ Issue Date: ____/____/____ Expire Date: ____/____/____ Permit #: _____

Building Inspector: _____ Date Approved: _____

Zoning Coordinator Approval: _____

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 (**prior to issuing a permit**)
- FOOTING / FOUNDATION If ground mounted system (**before pouring concrete**)
- FRAMING (If applicable) for support of existing structure (**before insulating**)
- ELECTRICAL Inspections (**done by a third-party NYS Certified Electrical Inspector**)
- FINAL INSPECTION (All required work must be complete before a Certificate of Compliance can be issued)

