	Solar PV Permit Application Town of Sugar Hill 1411 Route 117, PO Box 574 Sugar Hill, NH 03586 603-823-8468		
1.	Solar Installation Location:		
	Owner Name:		
	Map Lot #		
	Site Address:		
	Mailing Address:		
	Phone Number:		
	Email Address:		
2.	Installer		
Name:			
	Address:		
Phone Number:			
Email Address:			
	Licensed Electrician:		
	Electrician's License #:		
3.	System Description:		
	A. Is the system to be interconnected to the local utility grid? Yes: No: If yes, provide a copy of the interconnection form showing and approval to install facility from the Electric Utility Electric Utility – Eversource NH Electric Cooperative		
	B. AC Rating of system (per manufacturer's specs)		
	C. DC Rating of system (per manufacturer's specs)		
	D. Provide a simple diagram, with major components labeled and identified.		
	E. Inverter Manufacturer: Model:		
	Rating (kw):		
	UL 1741 listed Yes: No:		
	F. Labeling – Show on attached plan.		

G.	Туре	of	System
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Ground Mounted \_\_\_\_\_ Roof Mounted \_\_\_\_\_ If Roof Mounted – Rafter Size \_\_\_\_\_x Rafter Span \_\_\_\_\_' Rafters \_\_\_\_\_" on Center If Ground Mounted attach site plan showing location and setbacks

## 4. **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 the Sugar Hill Zoning Regulations. I grant the Sugar Hill Building Inspector and/or Selectmen permission to enter my property for the purpose of inspection the Solar Photo-Voltaic Installation. I acknowledge that the installation must be inspected by the Sugar Hill Fire Chief prior to the system being utilized.

Property Owner

## 5. Installer's Certification

I agree to comply with the 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 that work involving the solar panels and connections that a NH Licensed Electrician will be present.

Installer

6. Permit Fee \$100 - Check #\_\_\_\_\_

## 7. Permit Approval

Select Board

Select Board

Select Board

Fire Chief

Date

Date

Date

Date

Date

Date