Solar PV Permit Application Town of Sugar Hill

PO BOX 574 – Sugar Hill, NH 03586 Town Administrator – Jennifer Gaudette – 603.823.8468

	Ov	wner Name:	
		ap Lot #	
	Sit	te Address:	
	Ma	ailing Address:	
			
		ell Phone Number:	
	Em	nail Address:	
2.	In	estaller	
	Na	ame:	
		ldress:	
	Ce	ell Phone Number:	
	Em	nail Address:	
	Lic	censed Electrician: l	_icense #:
2	Sv	stem Description:	
J.	-	Is the system to be interconnected to the local utili	ity grid?
	A.	Yes: No:	ity griu:
		Electric Utility – Eversource NH Electric C	Cooperative
	R	AC Rating of system (per manufacturer's spec	s)
	υ.	The realing of system (per manaracturer's special	S)
	C.	DC Rating of system (per manufacturer's spec	s)
	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.	Cost of the System Installed: \$	

H Type of System

1. Solar Installation Location:

	Ground Mounted Roof Mounted	
	If Roof Mounted:	
	Height above existing roof	
	Professional Engineer must certify additio	nal load is within the 2018 Building Code
	If Ground Mounted:	
	Attach site plan showing location and set	backs. A tracking array must meet
	setbacks in all positions.	- ,
I.	Storage Batteries	
	i) Will there be storage batteries: Yes	
	ii) Quantity of Batteries:	
	iii) Location of Storage Batteries:	
	iv) Storage Batteries complies with NFPA	855 current version: Yes
4.	Owner's Certification:	
	I certify that, to the best of my knowledge, all of the	ne information provided in this application is
	true. The proposed installation complies with the Sug	
	Hill Fire Chief, Building Inspector and/or Selectme	• • • • • • • • • • • • • • • • • • • •
	purpose of inspecting the Solar Photo-Voltaic Installat	
	be inspected by the Sugar Hill Fire Chief prior to the	system being utilized.
	Property Owner	 Date
		Date
		Date
5.	Installer's Certification	Date
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5.	• •	mpshire Building Code, New Hampshire Fire
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