



SUPPLEMENTAL APPLICATION RESIDENTIAL PHOTOVOLTAIC (SOLAR PANEL) SYSTEM

The purpose behind issuing permits over the counter is to reduce plan review time. All permits issued over the counter are subject to field inspection with the understanding that applicants are ultimately responsible for code compliant construction practices. Not all residential photovoltaic (solar panel) systems will qualify for over the counter issuance.

Section 1 – Qualifying Information

✓ if True	Qualifying Statements to use OTC application:
<input type="checkbox"/>	System is designed and proposed for a duplex or single-family home.
<input type="checkbox"/>	Mounting system is engineered and designed for solar (PV) system.
<input type="checkbox"/>	<p>Rooftop mounted photovoltaic panel systems installed on or above the roof covering shall meet the following requirements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The solar photovoltaic panel system shall be designed for the wind speed of 85 mph and shall be installed per the manufacturer’s specifications. <input type="checkbox"/> The ground snow load does not exceed 70 pounds per square foot. <input type="checkbox"/> The total dead load of modules, supports, mountings, raceways, and all other appurtenances weigh no more than four (4) pounds per square foot. <input type="checkbox"/> Photovoltaic modules are not mounted higher than 18 inches above the surface of the roofing to which they are affixed. <input type="checkbox"/> Supports for solar modules are to be installed to spread the dead load across as many roof-framing members are need, so that no point load exceeds 50 pounds.

Section 3 – Counter Complete Submittal Requirements

✓	Required Submittal Items	Number
<input type="checkbox"/>	Fire Permit Project Application	1 Original
<input type="checkbox"/>	Supplemental Application for Residential Photovoltaic (Solar Panel System) This sheet	1 Original
<input type="checkbox"/>	Construction Plans	1 Original -11”x17”
<input type="checkbox"/>	Specification/Cut Sheets	1 Original
<input type="checkbox"/>	If applicable- *If the applicant requests that the plans be reviewed and not issued Over The Counter, provide an additional copy of each item.	2 Copies



Section 4 – Applicant/Property Owner Information

The authorized agent/representative is the primary contact for all project-related questions and correspondence. The County will email requests and information about the application to the authorized agent/representative and will 'copy' (Cc) the owner noted below. The authorized agent/representative is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent/representative and owner to ensure their mailbox accepts County email (i.e., County email is not blocked or sent to "junk mail"). There may be instances where regular USPS or courier mail is used.

Property Owner:

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Note: For projects with multiple owners, attach a separate sheet with each owner(s) information and signatures.

Applicant: Property Owner Authorized Agent/Representative

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Contractor

Contractors or subcontractors hired to perform work are required to be registered with the Washington State Department of Labor and Industries. For more information about choosing and hiring a contractor visit <http://www.lni.wa.gov/tradeslicensing/>.

Check if this is the Authorized Agent/Representative for this project.

Name: _____ Title: _____

License Number: _____ Liability Certificate: _____

Address: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I affirm that none of the activities within the location of this application violate any State or Federal laws. I also affirm that I am the owner or authorized representative of the subject site. Further, I grant permission to any and all employees and representative of the County of Kitsap and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I understand, in accordance with the Department of Community Development fee policies, the base fee is determined by an average processing time. If staff hours required to process the permit exceeds the base fee, additional charges may be incurred, and I agree to pay all fees of the County that apply to this application. I understand refunds may also be issued for those permits that require less processing time.

Print Name

Signature

Date

