Solar Distributed Generation Program



Building Dept: 801-465-5204 Power Dept: 801-465-5217

Date of Application:			Building Permit No.		
∀ CUSTOMER INFORMATION ∀					
Owner Name:					
Property Address:					
Phone #:		nail:			
	∀ CONTRACTO	R INFORM	ATION ¥		
Contractor:					
Contractor Address:					
Contact Name	Phone:				
	✓ SOLAR SYST	EM INFORM	MATION 🗸		
System Type:	icated Circuit	Inverter Manufacturer:			
Type of Class: Residential (1 to 10 kW)	Commercial (10 to 25 kW)	Model Number:			
kW Installed Capacity: kW			Inverter's Continuous AC Name Plate Rating: (AC Watts)		
Solar Electric Module Manufacturer:			Number of Inverters:		
Model Number:			Total Inverter Output: (AC Watts)		
Power Rating per Module: (DC Watts)			Inverter's Peak Efficiency:		
Number of Modules:			Solar Electric Array Location:		
Total Array Output: (DC Watts)			Inverter Location:		
Conductor Type: AWG or kcmil:			Utility-accessible AC Disconnect Switch Location:		
Number of Conductors:			Does this system include batteries or generator backup: ☐ Yes ☐ No		
Are you installing a combiner box with fuses?	☐ Yes ☐ No Size:				
	¥ SIGN	NATURES >	1		
I hereby certify that I have read and examined type of work will be complied with whether spe of any other state or local law regulating const	ecified herein or the granting	of a permit do	oes not presume t	to give authority to violate	
Signature of Contractor or Authorized Agent:				Date:	
Owner Received copy of Distributed Generation Prog	gram Ordinance				
Signature of Owner:			Date:		
	∀ CITY POWER DEF	PARTMENT	USE ONLY Y		
Signature of Power Department:	Date:			Approval	
		Complete Application			
		Site / Facility Layout Diagram			
Signature of Building Official:	Date:	Facility One-Line Diagram			
		Net Meter Agreement			