

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926 CDS@CO.KITTITAS.WA.US Office (509) 962-7506 Fax (509) 962-7682

"Building Partnerships - Building Communities"

ROOF MOUNTED PV SOLAR SYSTEM CHECKLIST

Building & Zoning Review Checklist											
PV system size/description:											
Type Structure: ☐ Residential ☐ (Commerc	cial	☐ Multi-Family ☐ Other								
Type of Work: ☐ New			☐ Repair, Replacement or Alteration								
		-									
General Criteria											
	Yes	No	Comments								
PV system is designed and proposed; for a building or structure. for Rooftop.											
2. The building is in general compliance with building, land use and zoning codes.											
3. Mounting system is engineered and designed for PV.											
4. Work to be done with approved electrical permit.											
Structural Criteria											
	Yes	No	Comments								
5. Roof covering is one layer of lightweight											
material such as shingles.											
6. To address uplift, panels are mounted no higher than 18" above the surface of the roofing to which they are affixed. Except for flat roofs, no portion of the system may exceed the highest point of the roof.	° 🗆										
7. Total dead load of panels, supports, mountings, raceways and all other											
appurtenances; a. Weigh no more than four (4) pounds per square foot (PSF)											
8. Solar panel supports are installed to spread th dead load across as many roof-framing members as needed to ensure that no point loads in exces of fifty (50) pounds are created.	5										
Attachment to the roof is specified by the mounting system manufacturer.											
10. Method and type of weatherproofing for roof penetrations is provided											

Land Use and Ze	oning	g Criteria								
				Yes	No	Commer	nts			
11. Building or Structure is code compliant to setbacks and height, or code allows expansion of nonconformity for solar panels.										
12. Panels are mounted on pitched roof no higher than the roof ridge or apex of roof.			nigher							
I certify that to the best of my knowledge, the information submitted in support of this permit checklist is true and correct.										
Signature of Applicant: Owner (or) Authorized Agent	d						Date:			
Print Name:										
FINAL ELECTRICAL INSPECTION *Needed to final permit										
Receipt of final electrical inspection		Date Re	e Received:							
Signature:										