KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES



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"Building Partnerships - Building Communities"

ROOF MOUNTED PV SOLAR SYSTEM CHECKLIST

Building & Zoning Review Checklist

PV system size/description:

Type Structure:	Residential	Commercial	Multi-Family	□ Other
Type of Work:	□ New		🗆 Repair, Replac	ement 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.			
5. How many kWh will the system produce annually?			
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.	0		
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 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) 			
 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 the dead load across as many roof-framing members as needed to ensure that no point loads in excess 			

Land Use and Zo								
			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 highe than the roof ridge or apex of roof.			gher					
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						Date:		
Print Name:								
FINAL ELECTRICAL INSPECTION *Needed to final permit								
Receipt of final electrical inspection		D	ate Received	Received:				
Signature:								