



# Solar Structural Permit Application

Crook County Community Development  
300 NE 3<sup>rd</sup> St. Room 12, Prineville, OR 97754  
541-447-3211

Received:

Initials:

Office Use Only

<input type="checkbox"/> Electrical Application	<input type="checkbox"/> Bid Sheet	<input type="checkbox"/> Prescriptive	<input type="checkbox"/> Non-Prescriptive
<input type="checkbox"/> Plans	<input type="checkbox"/> Engineering (If Applicable)	Reviewer Initials:	

*\*Electrical application required to be submitted along with the structural permit application.*

### JOB SITE INFORMATION

Site Address:						
City:	State:	Zip:	TWN:	RGE:	SEC:	TL:

### MOUNTING

<input type="checkbox"/> ** MANUFACTURED HOME	<input type="checkbox"/> STICK BUILT HOME	<input type="checkbox"/> GARAGE	<input type="checkbox"/> OTHER:
Project Valuation (Materials & Labor, attach bid sheet) \$			

*\*\* If mounting is on a manufactured home, full engineering and a plan review is required.*

### OWNER & APPLICANT INFORMATION

OWNER NAME OF RECORD:	PHONE #:
ADDRESS:	CITY: ST: ZIP:
OWNER EMAIL:	

APPLICANT NAME:	PHONE #
ADDRESS:	CITY: ST: ZIP:
APPLICANT EMAIL:	

### SOLAR CONTRACTOR INFORMATION

CONTRACTOR NAME:	PHONE #:
ADDRESS:	CITY: ST: ZIP:
CCB LICENSE #:	
CONTACT PERSON:	CONTACT PHONE #:
CONTACT EMAIL:	

*** Is this property (or will it be within the next three years) for sale, lease or rent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*** If any of the above contractors change Crook County Community Development must be notified at the time of change and a new permit may be required.		

APPLICANT SIGNATURE:	DATE:
OWNER SIGNATURE:	DATE:
Contact for Permit Issuance:	PHONE#:

### REQUIREMENTS PRIOR TO APPLYING FOR SOLAR STRUCTURAL PERMITS:

- The project must be approved by the Planning department
- Electrical application and solar photovoltaic systems checklist must be filled out and accompany structural permit

### IF APPLICABLE THE FOLLOWING MUST BE FILLED OUT AND ATTACHED:

- Authorization Form (Needed when the owner gives another party authorization to apply, get info, or pay.)
- Homeowner Acknowledgement Form (Needed when the homeowner is doing any of their own work.)
- **PLEASE NOTE:** All building and electrical (where applicable) contractors must be listed with license numbers, addresses, and phone numbers.

Exceptions to the above cannot be made. Contact the C.C.C.D. office if you have any questions at: 541-447-3211



# Solar Structural Permit Application

## Solar Photovoltaic Systems Checklist

300 NE 3<sup>rd</sup> Street, Room 12, Prineville, Oregon 97754

(541) 447-3211

bld@co.crook.or.us

www.co.crook.or.us

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Direct Attachment to Roof Framing or Blocking

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the structure conventional light-framed construction?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the structure have pre-engineered trusses or roof framing members spaced @ 24" o.c. maximum?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the weight of PV modules and racking system 4.5 pounds per square foot or less?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is roofing material metal, single layer wood shingle or shake, or not more than 2 layers of comp shingles?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the PV modules or racking attached directly to the roof framing or blocking?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the attachments spaced no greater than 48" o.c. in any direction, or 24" o.c. when located within 3 feet of a roof edge, hip, eave, or ridge? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the module height 18 inches or less above roof?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Installation meets 304.9 and 305.4?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical permit label (Filled out) & M.I.I. on site at time of inspection?  |

### Attachment to Standing Seam Metal Panels

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the standing seam roof a minimum of 26-gauge steel?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the panels a minimum of 18" in width?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the panels attached with a minimum of #10 screws at 24" o.c.?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the panels installed over 1/2 inch nominal wood structural panels attached to framing with a minimum 8d nails at 6" o.c. at panel edges and 12" o.c. field nailing?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are clamps designed with an uplift capacity of not less than 115 pounds when spaced at 60" o.c. or less, or not less than 75 pounds for clamps spaced at less than 48" o.c., measured along the seam? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are clamps spaced not less than 24" between or along seams and a maximum of 60" along seams?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the module height 18 inches or less above roof?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical permit label (Filled out) & M.I.I. on site at time of inspection?  |

*If any of the above questions were answered "No", the project is not eligible for a prescriptive permit.*

The following applicant or agent has reviewed and completed this application packet and affirms all requirements have been met for application submittal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

(Staff Signature)

#### Office Use Only

- Prescriptive Installation – (Roof mount) Plan review required if system is over 25 KW
- Non-Prescriptive Installation – (Ground Mount) Plan review required.



# ELECTRICAL PERMIT APPLICATION

Crook County Community Development  
 300 NE 3<sup>RD</sup> ST, RM #12, Prineville OR 97754  
 Phone: (541) 447-3211 Fax: (541) 416-2139  
 Email [bld@co.crook.or.us](mailto:bld@co.crook.or.us)

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

This permit application expires if a permit is not purchased within **180 days** after it has been accepted as complete,

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other, Specify: _____
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Other, Specify: _____	
DESCRIPTION OF WORK	
JOBSITE INFORMATION AND LOCATION	
Job site address: _____	
City/State/ZIP: _____	
Suite/bldg /apt. no.: _____	
Tax/map parcel no: _____	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
OWNER INSTALLATION	
<b>This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</b>	
Signature: _____	Date: _____
APPLICANT	
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
CONTRACTOR	
Business name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	CCB Lic#.: _____
E-mail: _____	BCD Lic#: _____
Name of Signing Supervisor: _____	Lic. #: _____
CONTACT FOR ISSUANCE	
Authorized signature: _____	
Print Name: _____	Date: _____

FEE SCHEDULE				
<b>Residential single family includes attached garage</b>				
<b>Multi-family full fee for largest unit, 50% for each additional unit</b>				
Description	Qty.	Fee	Total	*
1,000 sq. ft. or less		183.25		4
Each additional 500 sq. ft. or portion		30.50		
Limited energy, residential (with above sq. ft.)		42.75		2
Limited energy, multi-family residential (with above sq. ft.)		81.75		2
Multi-family Protective signaling by floor		81.75		2
SERVICES OR FEEDERS				
200 amps or less		118.00		2
201 amps to 400 amps		139.25		2
401 amps to 600 amps		234.00		2
601 amps to 1,000 amps		306.75		2
Over 1,000 amps or volts		698.00		2
Utility reconnection		110.25		1
Generator (200 amp or less feeder only)		118.00		2
TEMPORARY SERVICES OR FEEDERS				
200 amps or less		110.25		2
201 amps to 400 amps		128.25		2
401 amps to 600 amps		185.00		2
601 amps to 1,000 amps		306.75		2
BRANCH CIRCUITS, PER PANEL				
A. Fee for branch circuits <b>with</b> above service or feeder fee, each branch circuit		8.75		2
B. Fee for branch circuits <b>without</b> service or feeder fee, first branch circuit		81.75		2
Each additional branch circuit		8.75		
MISCELLANEOUS (SERVICE OR FEEDER NOT INCLUDED)				
Each manufactured or modular dwelling, service, and/or feeder		110.25		2
Pump or irrigation circle (pivot)		81.75		2
Sign or outline lighting		81.75		2
Signal circuit(s) or limited-energy panel, alteration, or extension. <i>Describe: See page 2</i>		81.75		2
Per inspection		110.00		
Inspections outside normal business hours		170.00		
Master Electrical Program		100.00		
OFFICE USE ONLY				
Minimum Electrical Permit Fee			110.25	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				
<b>TOTAL PERMIT FEE</b>				

**Supervising electrician MUST sign label posted on site**

\*# of inspections included per line item.

# Electrical Plan Review Requirements

Indicate all that apply by checking Yes or No below. Electrical plan review is required for any "Yes" answer. Provide 2 complete sets of plans, specifications, and calculations at least ¼ scale and must be legible. Refer to Oregon Administrative Rule 918-311-0040.

**YES    NO**

		The service or feeder of 400 AMPs or greater with an available fault current exceeding 10,000 AMPs at 150 volts or less is to ground, or exceeding 14,000 AMPs for all other installations?
		Derived system of 150KVA or greater, or a motor of 100 HP or greater?
		Fire pump or other emergency system?
		Commercial Fire Alarm?
		Service or Feeder of 600 AMPs or greater?
		Building or structure more than 3 stories in height?
		Six or more residential units connected?
		Building listed as A, E, I-2, or I-3 occupancy?
		Building listed as a special occupancy such as: Hazardous, Health Facility Patient Area, Commercial Agricultural, or Recreational Vehicle Park?
		Marina or boatyard?
		Floating buildings?

## Signal Circuits/Limited Energy

Indicate each that applies to the project.

	Audio and stereo equipment		Land lighting and sprinkler controls
	Data telecommunication / Camera system		Landscape irrigation controls
	Doorbell		Outdoor landscape lighting
	Garage door opener		Vacuum system
	Heating, ventilation, air-conditioning		Emergency system
	Commercial fire alarm		Other:

## Renewable Energy Permit Fees (SOLAR)

	5 KVA or Less		<b>\$110.25</b>
	5.01 KVA to 15 KVA		<b>\$138.75</b>
	15.01 KVA to 25 KVA		<b>\$185.00</b>
	25.01 KVA and over <i>Plan Review REQUIRED</i>		<b>\$185.00 + 6.25 per KVA over 25</b>

## Wind Energy

	25.01 KVA to 50 KVA <i>Plan Review REQUIRED</i>		<b>\$238.35</b> + add. charges as applicable
	50.01 KVA to 100 KVA <i>Plan Review REQUIRED</i>		<b>\$572.25</b> + add. charges as applicable