



**City of Port St. Lucie Building Department**  
 121 SW Port St. Lucie Blvd  
 Port St. Lucie, FL 34984  
 772-871-5132 • Web Site: <http://www.cityofpsl.com>  
 To Schedule Inspections Call: 871-5270

# Solar Electric Permit Application

Construction under this permit will be done in accordance with the FBC 2010

PERMIT # \_\_\_\_\_ CONFIRMATION # \_\_\_\_\_

MUST BE COMPLETELY FILLED OUT

|                           |         |              |       |                            |
|---------------------------|---------|--------------|-------|----------------------------|
| PROPERTY ADDRESS          |         |              |       |                            |
| LEGAL DESCR               | SECTION | BLOCK        | LOT   | Parcel ID#                 |
| OWNER                     |         | MAIL ADDRESS | ZIP   | PHONE CELL                 |
| CONTRACTOR                |         | MAIL ADDRESS | ZIP   | STATE LIC. #<br>PSL COMP # |
| CONTRACTOR E-mail Address |         | PHONE        | FAX # | CELL                       |
| ARCHITECT/ENGINEER        |         | MAIL ADDRESS | PHONE | LIC #<br>E-MAIL ADDRESS    |

Commercial:  Residential:

Type of System:  Photovoltaic Roof Mounted Panel\*  Building Integrated Photovoltaic  Solar Thermal\*

\*Must submit a signed and sealed drawing and design calculations by a licensed professional engineer or registered architect showing:

1. Documentation/verification that exposed solar panel equipment meets wind loads
2. Documentation/verification for support framing meets both uplift and lateral forces.
3. Design of connections for the wind loads
4. Documentation/verification that structural supports will accommodate additional dead loads.
5. Must submit a detail of any roof penetration.

Plans must be signed and sealed by professional engineer if:

1. The system has a value of more than \$50,000 or
2. The system has an aggregate service capacity of more than 600 amperes (240 volts) for a residential electric system or
3. The system has an aggregate service capacity of more than 800 amperes (240 volts) for a commercial electrical system per NEC 471.003

**Include an electrical diagram designed in accordance to the National Electrical Code Article 690 for Solar Photovoltaic Systems.**

|                  |               |           |                  |                    |
|------------------|---------------|-----------|------------------|--------------------|
| Valuation:<br>\$ | Applied Date: | Rec'd By: | Reviewed by/Date | <b>PERMIT FEE:</b> |
|------------------|---------------|-----------|------------------|--------------------|

THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION OR WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating to construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

|   |  |
|---|--|
| Signature of Contractor _____ Date _____  | Signature of Owner (if Owner Builder) _____ Date _____ |
| Print Name _____  | Print Name _____                                       |
| Notary As to Contractor: _____  | Notary as to Owner or Agent: _____                     |
| State of Florida<br>County of _____   |  |
| Sworn before me on this _____ day of _____, 20____<br>Personally known _____ Produced ID _____ Type of ID _____ |  |

Permit Validation: Chk. M.O. Cash  
 Batch # \_\_\_\_\_ Item # \_\_\_\_\_ Check # \_\_\_\_\_

Form Created 08/29/2011 updated 03/27/2012 fiv