



PLANNING AND DEVELOPMENT SERVICES

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PDS	Document Number
	#406

Residential Photovoltaic Systems Submittal Checklist

Application Acceptance/Review

Permit #: _____

Residential additions, alterations and accessory buildings are reviewed and approved over the counter Monday through Friday from 8:00 a.m. – 4:00 p.m.

Customers are seen on a first come, first serve basis. Please check in at the Permit Counter with a completed #406 Application, this checklist, and all other required documents (see below). If the information provided is incomplete, the applicant will be asked to return with updated plans or documents. **Any specific planning approvals such as historic, hillside or floodplain must be completed prior to the building permit submittal and review.**

The Permit Counter can be contacted at (208) 608-7070 for any further questions or information on fees.

Instructions

The applicant or Idaho licensed design professional of record (if applicable) must bring this completed and signed checklist with all required drawings. Make sure to fill out the Project Information, check the appropriate boxes and sign this checklist. The staff member conducting the intake will verify that all required information is included.

Project Information

Project Name: _____

Site Address: _____ City: _____ State: _____ Zip: _____

Checklist of Documents Provided

Yes N/A

- Form **#406 Residential Addition, Alteration & Accessory Building Application** (1 copy for paper submittal). If you are using E-plan, upload this checklist into the documents folder.
- Roof plan** (1 complete set of 11"x17" or less OR 2 complete sets if larger than 11"x17" if submitting in paper). Plans drawn to scale (¼ inch = 1 foot typical). Include exact location of panels on the roof and show minimum required fire-fighter access clearances from roof edges and peak per Residential Photovoltaic Panels & Modules Guide.

Yes N/A

- Structural calculations**, where applicable (1 copy for paper submittal) stamped and signed by an **Idaho Licensed Engineer** evaluating the existing roof structure adequacy for local design loads and the loads of the proposed solar equipment. An engineer evaluation may be required if the following conditions are present: ballasted systems, systems installed on pre-1970 homes with hand-stack roof framing, ground-mount systems installed in the Foothills overlay, systems being added to a pergola, or systems and racking adding more than 5psf.

Note: Any plan sheets with engineered design components are required to be stamped and signed by the design engineer.

- Manufacturer specifications** (1 copy for paper submittal) for photovoltaic panels, inverters, racking, and other equipment. Specifications need to show equipment as labeled in accordance with the appropriate UL listing (i.e. UL 1703 for pane, UL 1741 for inverters, etc.)
- One-line electrical diagram** (1 copy for paper submittal) depicting location of equipment, voltage and current ratings, wire size, disconnect rating, overcurrent protection ratings.
- ICC-ES Evaluation Services Report** (1 copy for paper submittal). For all mounting brackets used to attach the panels to the roof structure.
- Provide a **Certificate of Appropriateness** (1 copy for paper submittal) from Planning for all installations in a Historic District.

For installations with battery backupYes N/A

- Battery NRTL certification** Specifications need to show batteries as tested in accordance with UL 9540.
- Manufacturer installation guidelines** Installation instructions from the battery manufacturer showing any location and ventilation requirements.
- Floor plans**, Plans drawn to scale ($\frac{1}{4}$ inch = 1 foot typical). Include exact location of batteries in the home and any required bollard or ventilation locations.

Signature of Applicant

I, the undersigned, have completed the above checklist and supplied all supporting documents for the permit.

Signature of Applicant or Submitting
Design Professional of Record

Date

*****For Staff Use Only*****

Accepted

Not Accepted _____ by _____
Date Staff Member Conducting the Intake

Accepted

Not Accepted _____ by _____
Date Staff Member Conducting the Intake