CITY OF MOBERLY
COMMUNITY DEVELOPMENT OFFICE
APPLICATION FOR SOLAR / ELECTRICAL PERMIT

CONTRACTOR: **JOB ADDRESS:**

Name:_____   **Address:**_____

Address:_____   **Owner:**_____

City:_____   **Date:**_____

Electrical License No._____   **Phone No.**_____
(state or local jurisdiction)

Email: _____ **(include for a copy of the inspection report)**

NATURE OF INSTALLATION

200 Amp. Or Less Meter Bases Upgrade: $30.00_____

Over 200 Amps-Ten Cents ($.20) per Amp_____

Solar Panel Minimum Fee: $20.00_____

Solar Panel Size and Fee: $2.00 per Kwatt _____

                              Total Permit Fee $_____

Documents to submit with completed application:

   1. **Structural Support Letter for Roof Mount Systems**
   2. **Structural Documents for Ground Mount Systems**
   3. **Panel Array Documentation and Wiring diagrams**
   4. **Confirmation by Ameren of meter base compliance with bi-directional meters.**

I hereby certify the information contained in this application to be correct and I assume the responsibility for all inspections.

                    Signature: _____
                              (Electrician or Owner)

Company: _____   Permit # _____

Electrician: _____

SOLAR PANEL INSTALLATION CHECKLIST

Code Ref	Description	Pass/Fail/NA	Comment
Ameren	Approved Meter Cabinet for Bi-directional Meter		
Ameren	Inverters shall be located with 10' of Meter		
IRC 324.3	Listed and Labeled Approved UL 1703 / 1741		
IRC 324.4	Rooftop Mounted approved system		
IRC 324.4.1.1	Dead Load + Snow Load approved evaluation		
IRC 324.4.3	Roof penetrations properly flashed and sealed		
IRC 324.6.1	Pathways: Minimum 2-36" wide pathways		
IRC 324.6.2	Setback at Ridge: <33% Coverage is 18", else 36"		
IRC 324.6.2.2	NP below Emergency escapes/rescue openings		
NEC 690.13	Disconnecting Means on PV system		
NEC 690.5	Ground Fault Protection when required		
NEC 690.9	Overcurrent Protection		

- This is not an all-inclusive checklist, installations shall meet the currently adopted NEC/ICC/Ameren Codes.

Comments

INSPECTOR: _____ Date: _____