SOLAR PERMIT APPLICATION
Town of Temple

PROPERTY OWNER

Name:		
Mailing Address:		
City:	State:	ZIP Code:
Email:	Phone:	Cell Phone:

INSTALLER

Name:		
Licensed Electrician:		License Number:
City:	State:	ZIP Code:
Email:	Phone:	Cell Phone:

SYSTEM DESCRIPTION

Is the system to be interconnected to the local utility grid? **Y** **N**		If Yes: provide a copy of interconnection form showing
and approval to install from electric utility.	Electric Utility? Eversource	**Or:** NH Electric Cooperative
AC rating of system (per manufacturer's specs):		
DC rating of system (per manufacturer's specs):		
Provide a simple diagram, with major components labeled and identified.		
Inverter Manufacturer:	Model: Rating (kw):	UL 1741 listed: **Y** **N**
Labeling, show attached plan.		

TYPE OF SYSTEM (CIRCLE GROUND OR ROOF)

GROUND MOUNTED	Attach site plan showing location	and setbacks
ROOF MOUNTED	Rafter size:	Rafter span (ft):
	Rafters (" on center):	

Owner's Certification:
I certify that, to the best of my knowledge, all of the information provided in this application is true. The proposed installation complies with Town of Temple zoning regulations. I grant Town of Temple building inspector and/or select board permission to enter my property for the purpose of inspection of the solar photo-voltaic installation. I acknowledge that the installation must be inspected by the Temple building inspector prior to the system being utilized.

PROPERTY OWNER: **DATE:**

Installer's Certification:
I agree to comply with the current State of New Hampshire Building Code, New Hampshire Fire Code and the 2014 edition of the National Electric Code. I certify that at all times work involving the solar panels and connections a NH licensed electrician will be present.

INSTALLER: **DATE:**

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Building Inspector:

_____ _____ (date) Phone: (603) 878-4320
William S. Wildes

Select Board:

_____ _____ (date)

_____ _____ (date)

_____ _____ (date)

Fee paid_____

Accepted by: _____ (date) _____