



**City of Medford
Building Safety Department**

200 S. Ivy St., 2nd Flr
Medford, OR 97501
Phone (541) 774-2350, Fax (541) 618-1707
Internet address: www.ci.medford.or.us

**PHOTOVOLTAIC & SOLAR WATER
HEATER APPLICATION**

PERMIT NUMBER: _____

| TYPE OF WORK | |
|--|---------------|
| <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL | |
| JOB SITE INFORMATION AND LOCATION | |
| Job address: | |
| City/State/ZIP: | |
| Subdivision: | Lot: |
| DESCRIPTION OF WORK | |
| | |
| | |
| <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> BUSINESS NAME | |
| Name: | |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. | |
| Owner signature: _____ Date: _____ | |
| OWNER INSTALLATION | |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| CONTRACTOR | |
| Business name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: () | Fax: () |
| CCB lic. no.: | BCD lic. no.: |
| Signing Supervisor's license no.: | |
| Print Name of signing supervisor: | |
| Signature of signing supervisor: | Date: |
| Plumbing Contractor: | Phone: |

| REQUIRED DATA: 1- AND 2-FAMILY DWELLING |
|---|
| All criteria must be met as a prescriptive installation: |
| Roof Structure: Is Minimum rafter or truss chord size 2x4 or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Is spacing 24" o.c. or less? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, plan review required) |
| Roofing Material: Standing seam metal, composition, single layer wood shingle or shake? Yes <input type="checkbox"/> No <input type="checkbox"/> If No what type? _____ |
| Concrete or tile Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, will require a structure review) |
| Loading: Are collectors directly attached to roof framing OR mounted to continuous rails directly attached to roof framing? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does collector and mounting hardware (rails, frame, etc.) weight exceed 4.5 pounds per square foot (psf)? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does maximum panel height above roof exceed 18" from top of panel to roof surface? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes on either of these two, plan review required) |
| REQUIRED DATA: PLANNING & LAND USE |
| Check with the local planning/development department: |
| Land Use – Zoning Code <input type="checkbox"/> Setbacks <input type="checkbox"/> ft. |
| Height Restrictions vary per local jurisdictions. Check with the Authority Having Jurisdiction for restrictions. |
| Solar Shade Restrictions <input type="checkbox"/> |
| Is property in the Historic District? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Historic Review may be required) |
| DOCUMENTS REQUIRED FOR SUBMITTAL |
| Application <input type="checkbox"/> Site Plan <input type="checkbox"/> Elevations <input type="checkbox"/> |
| Structural plans needed if the system does not meet all of the prescriptive requirements above. Include data showing that the solar installation meets the prescriptive requirements. |
| Elevation Drawings (required if system not flush with the roof). The elevation must show the height of the building, and the height of the solar installation, but does not need to show other building details, unless a Design Review will be required. |

PERMITS ARE NON-TRANSFERABLE, NON-REFUNDABLE AND EXPIRED IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

It is the responsibility of the owner or contractor to call for inspections. 541-774-2350 by 7:00 am for same day inspection.

| CREDIT CARD INFORMATION |
|--|
| Name of Cardholder as shown on credit card: |
| Cardholder Signature: (need on every permit appl.) |
| <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Credit card number: We will call Expiration Date: |

| PERMIT FEES | |
|--|---|
| Valuation of Project = Total Project Price - Solar Equipment Value (structural elements for the solar panels, including the mounting brackets and rails and the cost of labor to install them) | \$ _____ |
| Solar Equipment Value (including the solar collector panels, inverters and preheat tanks). | \$ _____ |
| Building Permit \$ _____ (Based on valuation above) Electrical Permit \$ _____ Plumbing Permit \$ _____ 12% state surcharge \$ _____ Total Fees Due: \$ _____ | Electrical Permit: 5kva or less \$100.00 <input type="checkbox"/> \$ _____ 5.01 to 15 kva \$100.00 <input type="checkbox"/> \$ _____ 15.01 to 25kva \$200.00 <input type="checkbox"/> \$ _____ 25.01kva and above \$200 + \$2 x _____ kva = <input type="checkbox"/> \$ _____ Plumbing Permit: Water Heater Permit \$60.00 <input type="checkbox"/> \$ _____ |
| *Inspections that may be required by the AHJ of the solar system: Building – To verify that the solar support system is properly installed. Electrical - Required in all instances where the solar system provides power to the dwelling electrical system. To verify that the circuits and feeders have been installed properly & the system has been connected properly. Plumbing – Req'd when the solar apparatus attaches to the potable water system, usually water heater. Inspection verifies that the collection system is properly attached so that no contamination of the potable system can occur. | |