



Solar Photovoltaic Systems Checklist

- | Yes | No | <u>Direct Attachment to Roof Framing or Blocking</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the structure conventional light-framed construction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the structure have pre-engineered trusses or roof framing members spaced @ 24" o.c. maximum? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the weight of PV modules and racking system 4.5 pounds per square foot or less? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are roofing material metal, single layer wood shingle or shake, or not more the (2) layers of comp shingles? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the PV modules or racking attached directly to the roof framing or blocking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the attachments spaced no greater than 48" o.c. in any direction, or 24" o.c. when located within 3 feet of a roof edge, hip, eave or ridge? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the module height 18 inches or less? |

If any of the above question were answered NO, the project is not eligible for a prescriptive permit

- | Yes | No | <u>Attachment to Standing Seam Metal Panels</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the standing seam roof a minimum of 26 gage steel? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the panels a minimum of 18" in width? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the panels attached with a minimum of #10 screws at 24" o.c.? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the panels installed over ½ -inch nominal wood structural panels attached to framing with a minimum 8d nails at 6" o.c. at panel edges and 12" o.c. field nailing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are clamps designed with an uplift capacity of not less than 115 pounds when spaced at 60" o.c. or less, or Not less than 75 pounds for clamps spaced at less than 48" o.c., measured along the seam? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are clamps spaced not less than 24" between or along seams and a maximum of 60" along seams? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the module height 18 inches or less? |

If any of the above question were answered NO, the project is not eligible for a prescriptive permit

Applicant Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

FOR STAFF USE ONLY

Check the Appropriate Box

- Prescriptive Installation
- Non-Prescriptive Installation
-

Building Permit Application



City of Redmond
 716 SW Evergreen
 Redmond, OR 97756
 Ph: (541) 923-7721
 Fax: (541) 548-0706
 website: www.redmond.or.us

FOR OFFICE USE ONLY	
Received Date/By:	Permit No:
Plan Review Date/By:	Other Permits:
Date ready/By: Notified/Method:	Jurisdiction: <input checked="" type="checkbox"/> See Page 2 for Supplemental Information

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/Zip:	
Suite/bldg/apt. no:	Project Name:
Cross street/directions to job site:	
Subdivision:	Lot no:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
CCB License:	

REQUIRED DATA: 1 & 2 FAMILY DWELLING	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	Square feet
Carport/garage area:	Square feet
Covered porch area:	Square feet
Deck area:	Square feet
Other structure area:	Square feet
REQUIRED COMMERCIAL CHECKLIST	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$	
Existing building area:	Square feet
New building area:	Square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES <i>(Please refer to fee schedule)</i>	
Structural plan review fee (or deposit):	
FLS plan review fee if applicable):	
Total fees due upon application:	
State Surcharge (12% of permit fee)	
Amount received:	

Authorized signature:

Print name:	Date:
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Attention: Call 1-800-332-2344 at least 48 hours before you dig. Oregon Law requires you to follow OAR 952-001-0010 thru 952-001-0090. Copies are available at the Oregon Utility Notification Center (503) 232-1987.

Building Permit Application
Page 2 – Supplemental Information

Phased Permits	
Phased Permit Fee	\$125.00 minimum permit fee
Plan Review Fee	10% of total project building permit fee, not to exceed \$1,500.00 for each phase

Deferred Submittals	
Deferred Permit Fee	\$125.00 minimum permit fee
Plan Review Fee	65% of permit fee based on valuation of the particular portion or portions of the project

Solar Photovoltaic	
Prescriptive includes plan review and permit fee	\$175.00 minimum permit fee
Non Prescriptive	65% of permit fee based on valuation of the particular portion or portions of the project

Renewable Energy Electrical Permit Application



City of Redmond
 716 SW Evergreen
 Redmond, OR 97756
 Ph: (541) 923-7721
 Fax: (541) 548-0706
 website: www.redmond.or.us

Received Date/By:	Permit No:
Plan Review Date/By:	Other Permits:
Date ready/By: Notified/Method:	Log

PLEASE PRINT
Please complete all sections

JOB SITE INFORMATION:

Address _____
 City _____ Zip Code _____
 Tax Map _____ No. _____
 Directions _____

Commercial Residential

Tenant Name / Owner's name _____

DESCRIPTION OF WORK

This permit becomes null and void if the work authorized by the permit is not commenced within 180 days from date of issuance of such permit or if the work authorized is suspended or abandoned at any time after work is commenced for a period of 180 days. Electrical Permits are non-transferable.

PROPERTY OWNER INSTALLATION:

Owner's Name _____
 Address _____
 City _____ ST _____ Zip _____
 Phone # _____

The person signing this permit must be the applicant or a person authorized to bind the applicant.

Signature _____

Authority if other than applicant - _____

CONTRACTOR INSTALLATION:

Business Name _____
 Address _____
 Contact Phone _____ Fax # _____
 Email: _____
 CCB lic: _____ BCD lic.No _____
 Signature: _____
 Name of signing supervisor: _____
 License # of signing supervisor _____

Renewable Log was given to customer

FEE SCHEDULE

Number of inspections per item ()	No. of items	Cost each	Sum
Renewable energy installation per system total			
5 kva or less (2)		\$79.00	\$
5.01 to 15 kva (2)		\$94.00	\$
15.01 to 25 kva (2)		\$116.00	\$
26 to 30 kva (2)		\$126.00	\$
31 to 50 kva (2)		\$132.00	\$
51 to 75 kva (2)		\$139.00	\$
76 to 100 kva (2)		\$146.00	\$
Miscellaneous fees, hourly rate		\$60.00	
Each additional inspection (1)		\$60.00	

FEES total of above \$ _____
 12% State Surcharge \$ _____
 Plan Review, if required (.25 x [A]) _____
BALANCE DUE \$ _____

Make check or money order payable to The City of Redmond.
 If paying by credit card, applicant must pay in person with the credit card (signer must be authorized signer on card).