

**CUSTOMER ASSISTANCE GUIDE
PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

SOLAR ARRAYS

- Please read all of the following information.
- The following is a check list. You must have a "checkmark" in all the sections listed below prior to submitting your application.

_____ "Affidavit of Exemption" (See attached form) If you are hiring a contractor to construct your structure, and they have workers' compensation, have the contractor or their insurance carrier provide us with a "Certificate of Insurance" showing proof of such. If the homeowner or a contractor without workers' compensation is constructing the structure, the attached form must be completed and notarized.

_____ 2 (two) complete sets of drawings that show the design and construction including all material and system components.

_____ Site plan showing location of major components on the property: This drawing need not be exactly to scale, but it should represent relative location of components and structures at site.

_____ Electrical worksheets showing PV array configuration, wiring system, overcurrent protection, inverter, disconnects, required signs, and utility interconnection detail. Include a three line diagram. Wiring shall be in compliance with the National Electrical Code, specifically Articles 690 and 705.

_____ Specification sheets and installation manuals (if available) for all major PV system components such as, PV modules, dc-to-dc converters, inverters, and mounting systems.

_____ Where a solar array is installed on an existing structure, provide an engineering report from a Pennsylvania registered design professional verifying that the structure will safely support the additional load in compliance with International Residential Code Section R301.1. Provide an attachment detail.

_____ Workers compensation insurance certificate or an affidavit of exemption.

_____ Completed permit application.

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked "approved". A permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

INSPECTION PROCEDURES SOLAR ARRAYS

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at all times for inspections. These are the plans that were submitted with your application and were marked "Approved" by the Building Code Official.
- The permit applicant or authorized agent is responsible for scheduling all inspections.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply your permit number to the inspector.

PLEASE GIVE THREE (3) WORKING DAYS ADVANCE NOTICE

FOOTING INSPECTION WILL BE GIVEN PRIORITY

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

Free standing arrays:

1. Footing inspection – hole must be dug for support posts. The inspection must be approved prior to placing of concrete.

Inspector: Keith Reiser

Phone: 1-800-608-6342

2. Electrical inspection
 - Trench inspection prior to backfill (if applicable)
 - Final electrical inspection

Inspector: Keith Reiser

Phone: 1-800-608-6342

3. Final inspection – when job is completely finished and after all other required inspections have been done and approved.

Inspector: Keith Reiser

Phone: 1-800-608-6342

Structure mounted arrays:

1. Attachment inspection

Inspector: Keith Reiser

Phone: 1-800-608-6342

2. Electrical inspection

Inspector: Keith Reiser

Phone: 1-800-608-6342

3. Final inspection – (may be combined with #1) when job is completely finished and after all other required inspections have been done and approved.

Inspector: Keith Reiser

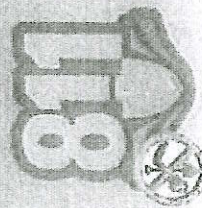
Phone: 1-800-608-6342

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

Safe digging is
no accident!

Know what's
below.

Dial 8-1-1
before you dig.



TEMPORARY MARKING GUIDELINES

	WHITE	Proposed Excavation
	PINK	Temporary Survey Markings
	RED	Electric Power Lines, Cables, Conduit and Lighting Cables
	YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials
	ORANGE	Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Lights
	BLUE	Potable Water
	PURPLE	Reclaimed Water, Irrigation and Slurry Lines
	GREEN	Sewers and Drain Lines

The following information is nearest to you call PA Ohio Call System.

YOUR TELEPHONE NUMBER

YOUR MAILING ADDRESS
CITY - The name of the county where the work will take place.

MUNICIPALITY - City, Township or Borough where the work will take place.

THE ADDRESS WHERE THE WORK WILL TAKE PLACE

THE NEAREST INTERSECTING STREET TO THE WORK SITE

THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE

IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHITE - Yes or No

OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE - Clarifying information to specify the exact location of the dig

THE TYPE OF WORK BEING DONE

WHETHER THE WORK WILL TAKE PLACE IN: Street, Sidewalk, Public or Private Property

THE APPROXIMATE DEPTH YOU ARE DIGGING

THE EXTENT OF THE EXCAVATION - The approximate size of the opening, the length and width of material to be moved

THE METHOD OF EXCAVATION - How will the earth be moved

WHO IS THE WORK BEING DONE FOR

PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS

THE CONTACT PERSON'S PHONE NUMBER - The phone number with area code for daytime contact

THE BEST TIME TO DO YOUR EMAIL ADDRESS - The responses from the facility owners will be sent to you

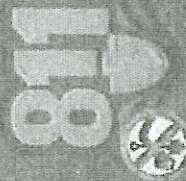
SCHEDULED EXCAVATION DATE AND START TIME - not less than 3 business days or more than 10 business days.

DURATION OF A JOB - How long will the job take

ANY ADDITIONAL REMARKS YOU MAY HAVE

You will be given a 10 digit aerial number as confirmation of your call and our system will send you the responses from the utilities on the morning of your scheduled excavation date via fax or email.

Know what's below.
Dial 8-1-1 before you dig.



www.pa811.org

What do we do?

We are the "Call before you dig" company for all of Pennsylvania. If you plan to disturb the earth with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to dig. Notification occurs by calling 800-841-1 or 1-800-242-1775, 24 hours of the day, every day of the year. Notification can also be done on our website at www.pennacall1.org.

We will then notify the utility companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located with colored flags, painted, chalk

Please Note:

- The One Call does not mark utility lines.
- In some cases, the utility company may not mark the service lines, yet you may have other lines that are to be marked.
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Why should you call?

Safe digging is no accident. If you are installing a fence or deck, or digging for a mailbox, post, patio, or other excavation project, it is important to know what's below. Dial 800-841-1 or 1-800-242-1775 before you dig. The utility companies do not want an accident, either. The best way to learn where underground utility lines are located is to call before you dig.

For more information visit www.pennacall1.org



The Excavator's Responsibility

- Dial 800-841-1 or 1-800-242-1775.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig begins.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will receive an email or fax with a list of facility owners who have marked or have not marked. Pay attention to this message.
- Respect the markings by not removing flags or disturbing the actual markings.
- Excavate only around the marked lines by hand digging.
- When the project is complete, the excavator should remove the flags or marks from the ground or pavement.
- Report markings by calling 800-841-1 or 1-800-242-1775.

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THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

_____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

_____ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and
acknowledged before me by the above
_____ this _____ Day
of _____
20 _____.

SEAL

Notary Public

ZONING/UCC PERMIT APPLICATION
CHIPPEWA TOWNSHIP, BEAVER COUNTY, PENNSYLVANIA

APPLICATION NO. _____ DATE RECEIVED _____

1. APPLICANT _____

2. APPLICANT IS OWNER: _____ CONTRACTOR OR AGENT _____ OTHER _____

3. NAME/ADDRESS OF OWNER:

NAME/ADDRESS OF CONTRACTOR OR OTHER:

4. EMAIL OF OWNER:

EMAIL OF CONTRACTOR:

5. TELEPHONE NO. _____

6. LOCATION/STREET ADDRESS _____ TAX PARCEL NO. _____

7. SUBDIVISION NAME _____ LOT NO. _____

8. ZONING:

Type of (Building) (Alteration) _____

Number of Stories _____ Height of Structure _____ Having dimensions of _____

And proposed floor area of _____ Square feet **Decks only:** _____ inches above grade of deck floor

9. ACCESS: _____ To public road _____ To private road _____ To private right of way

If private road/right of way, Owner _____ Parcel No. _____

10. COST OF CONSTRUCTION _____ TOTAL SIZE/ACREAGE OF TRACT _____

11. PLOT PLAN ATTACHED: DATED _____ PREPARED BY _____

12. WATER SOURCE: Township _____ On Lot _____

SEWAGE DISPOSAL SOURCE: Twp. _____ On Lot _____

13. WILL ANY OF THE FOLLOWING BE INVOLVED IN THE ABOVE MENTIONED CONSTRUCTION?

ELECTRICAL _____ **PLUMBING** _____ **MECHANICAL** _____

READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES

NOTICE: In addition to a construction/zoning permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of existing driveway access to a public road or street: If such public road or street is under the jurisdiction of the commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act No. 428 of 1945, as amended, known as the "State Highway Law"; Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of Chippewa township, you must apply for and obtain a Driveway Permit from the Township.

NOTICE: In addition to a construction/zoning permit, you may need to make other applications and obtain other permits for the development you propose, including but not limited to, depending on location of your premises, for an on-lot sewage permit and/or connection to a public sewer connection permit, water connection permit, and/or Land Development approval, prior to being able to commence construction. Further, following construction and prior to your placing into use the proposed structure/building, you will need to procure an Occupancy Permit.

NOTICE: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation to Chippewa Township. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said insurance, naming Chippewa Township as a named insured, requires stoppage of all construction/work under Construction /Zoning Permit issued and a Construction/Zoning Permit may be revoked.

NOTICE: Property owner is responsible for determining if property is subject to private covenants or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning regulations. Issuance of a building or zoning permit **does not constitute compliance with private covenants or restrictions.** Permits issued in violation of any private covenants or restrictions is the sole responsibility of the property owner or their authorized representative.

STATEMENTS AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the Chippewa Township Zoning Code, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by Chippewa Township via its Zoning Officer or other designated agent.

APPLICATION FOR ZONING AND BUILDING PERMIT CHIPPEWA TOWNSHIP, BEAVER COUNTY,
PENNSYLVANIA
PAGE THREE OF THREE

I/We hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I/We knowingly make false statements or averments, I/We may be subject to criminal penalties. I/We hereby authorize representatives of the township to make the required inspections upon the property to verify that the construction requested under this applications complies with the Chippewa township Zoning Ordinance or other applicable codes.

If applicant is contractor or Agent of Owner, he/she hereby certifies that he/she has the authority to act on behalf of the Owner.

OWNER(S) _____ DATE _____

CONTRACTOR OR AGENT _____ DATE _____

FEE IN THE AMOUNT OF \$ _____ SUBMITTED HEREWITH.

APPROVED: _____
Zoning Officer

DATE: _____