

Structural Review of PV Array Mounting System

Is the array to be mounted on a defined, permitted roof structure? Yes No

If No due to non-compliant roof or a ground mount, submit approval from a Minnesota State license engineer for the installation.

Roof Information:

1. Is the roofing type lightweight? Yes No
If YES, check that apply or explain: Composition Lightweight Masonry Metal
If NO, submit completed worksheet for roof structure WKSI (No = heavy masonry, slate, etc.).
2. Does the roof have a single roof covering? Yes No
3. Provide method and type of weatherproofing roof penetrations (e.g. flashing, caulk):

4. Is the solar installation to be mounted on pitched roof in good condition, without visible sag or deflection, no cracking or splintering of support, or other potential structural defect?
 Yes No
5. Is the equipment to be flush-mounted to the roof (such that the collector surface is parallel to the roof)? Yes No

If NO to any questions 1 – 5 above, a study or statement regarding the proposed solar installation and all proposed structural modifications stamped by a Minnesota licensed/certified structural engineer may be required in addition to other information.

Mounting System Information:

1. Is the mounting structure an engineered product designed to mount PV modules with no more than an 18" gap beneath the module frames? Yes No

If NO, provide details of structural attachment certified by a design professional.
2. For manufactured mounting systems, fill out information on the mounting system below:
 - a. Mounting System Manufacturer: Product Name and Model Number:
 - b. Total Weight of PV Modules and Rails:
 - c. Total Number of Attachment Points:
 - d. Weight per Attachment Point (b ÷ c): (if greater than 45 lbs., see WKSI)
 - e. Maximum Spacing Between Attachment Points on a Rail: (see product manual for maximum spacing allowed based on maximum design wind speed)
 - f. Total Surface Area of PV Modules (square feet):
 - g. Distributed Weight of PV Module on Roof (b ÷ f):

If distributed weight of the PV system is greater than 5 lbs./ft², see WKSI.

I certify that the roof at the above address has only one layer of roof covering.

Signature:

Printed Name:

Date:

Application Number: _____

Related Records: _____

Disclaimer and Signature

I hereby apply for a building/zoning permit, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of Olmsted County and with the Minnesota Building Codes; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant Signature: _____

Date: _____

Zoning Review

Zoning District: _____ Site Plan: _____ Acres: _____

Required Setbacks: Front _____ Side _____ Rear _____ Side Street _____

Comments: _____

Zoning Administrator: _____ Date: _____

Aquifer Review

Well Permit: _____ Well Sealing: _____ Septic Permit: _____

Comments: _____

Well/Septic Inspector: _____ Date: _____

Building Review

Comments: _____

Building Inspector: _____ Date: _____

Application Approved By

Building Official: _____ Date: _____