

# TOWN OF AQUINNAH

## APPLICATION FOR SOLAR INSTALLATION



This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

\_\_\_\_\_  
Building Official (Print Name) Signature Date

### SECTION 1: SITE INFORMATION

<b>1.1 Property Address:</b> _____ 1.1a Is this an accepted street? yes _____ no _____	<b>1.2 Assessors Map &amp; Parcel Numbers</b> _____ Map Number _____ Parcel Number _____
<b>1.3 Zoning Information:</b> _____ Zoning District _____ Proposed Use _____	<b>1.4 Property Dimensions:</b> _____ Lot Area (sq ft) _____ Frontage (ft) _____

### SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

**2.1 Owner of Record:**

\_\_\_\_\_  
Name (Print) City, State, ZIP

\_\_\_\_\_  
No. and Street Telephone Email Address

### SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

Roof Mounted ☐   
 Ground Array ☐   
 Addition to Existing ☐   
 Repairs(s) ☐   
 \_\_\_\_\_

Brief Description of Proposed Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 4: GROUND MOUNTED SOLAR ARRAY SETBACKS (ft) (IF APPLICABLE)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

### SECTION 5: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$	Building Permit Fee: \$150 Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$	
6. Total Sq. Ft.	\$	
7. Total Project Cost:	\$	

**SECTION 6: CONSTRUCTION SERVICES****6.1 Construction Supervisor License (CSL)**\_\_\_\_\_  
Name of CSL Holder\_\_\_\_\_  
No. and Street\_\_\_\_\_  
City/Town, State, ZIP\_\_\_\_\_  
Telephone\_\_\_\_\_  
Email address\_\_\_\_\_  
License Number\_\_\_\_\_  
Expiration Date

List CSL Type (see below) \_\_\_\_\_

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&amp;2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

**6.2 Registered Home Improvement Contractor (HIC)**\_\_\_\_\_  
HIC Company Name or HIC Registrant Name\_\_\_\_\_  
No. and Street\_\_\_\_\_  
City/Town, State, ZIP\_\_\_\_\_  
Telephone\_\_\_\_\_  
HIC Registration Number\_\_\_\_\_  
Expiration Date\_\_\_\_\_  
Email address**6.3 Licensed Electrician**\_\_\_\_\_  
Name of Electrician\_\_\_\_\_  
No. and Street\_\_\_\_\_  
Telephone\_\_\_\_\_  
Email address\_\_\_\_\_  
License Number**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ..... ☐ No ..... ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN  
OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, as Owner of the subject property, hereby authorize \_\_\_\_\_  
to act on my behalf, in all matters relative to work authorized by this building permit application.

\_\_\_\_\_  
Print Owner's Name (Electronic Signature)\_\_\_\_\_  
Date**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_  
Print Owner's or Authorized Agent's Name (Electronic Signature)\_\_\_\_\_  
Date**SECTION 8: NOTES**

An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

**SECTION 9: REQUIRED DOCUMENTATION**

9.1 Equipment Data Sheet (Panels, Inverters, Racking, Flashings) ☐

9.2 Line Riser Diagram ☐

9.3 Stamped Structural Engineer Report for Adequate Load Bearing ☐

**OR**

9.3 Prescriptive Path for Adequate Load Bearing (Rafter Size and Spacing, Span, Species, Layers of Shingles or Roofing Material)

**\*WITH ACCOMPANING PICTURES\*** ☐



**TO FIND MORE INFORMATION ON PRESCRIPTIVE PATHS FOR ROOFTOP SOLAR GO TO**

<https://www.mass.gov/files/documents/2016/09/nx/faq-prescriptive-process-stamped-signed-2-13-13.pdf>

**\*ALL BATTERY STORAGE SYSTEMS MUST BE PERMITTED BY THE FIRE DEPARTMENT\***

**\*CONFIRM WITH FIRE DEPARTMENT REGARDING NFPA1 CODE COMPLIANCE  
REGARDING ACCESS PATHWAYS ON ROOF RIDGE AND EAVES\***

**Section 10: Debris Disposal  
Affidavit**

**DEMOLITION SITE ADDRESS** \_\_\_\_\_  
**DISPOSAL/DUMPSTER FIRM** \_\_\_\_\_  
**CONSTRUCTION SITE ADDRESS** \_\_\_\_\_  
**SIGNATURE OF PERMIT APPLICANT** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**Section 10: Workers' Compensation Affidavit**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |  |
|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*   | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.†  |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †   |  |

**Type of project (required):**

6. ☐ New construction  
7. ☐ Remodeling  
8. ☐ Demolition  
9. ☐ Building addition  
10. ☐ Electrical repairs or additions  
11. ☐ Plumbing repairs or additions  
12. ☐ Roof repairs  
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_