

## New York State Unified Solar Permit

Expedited Solar Permit Process for Small-Scale Roof-Mounted Residential and Commercial Solar Electric

### Requirements for Application Submittal – Part A

*For use in all New York State counties with the exception of Nassau County and Suffolk County.*

The expedited solar permitting process uses a unified permit across participating municipalities in New York State.

A combined building and electrical permit for a grid-tied solar electric system will be issued pending proper completion of forms, submission of approved plans and approval by municipality. All applicants must submit:

#### 1. Unified Solar Permit for Small-Scale Solar Electric Systems Eligibility Checklist – PART B

#### 2. \_\_\_\_ set of plans that include:

- Site Plan showing location of major components of solar system and other equipment on roof or legal accessory structure. This plan should represent relative location of components at site, including, but not limited to, location of array, existing electrical service location, utility meter, inverter location, system orientation and tilt angle. This plan should show access and pathways that are compliant with New York State Fire Code, if applicable.
- One-Line or 3-Line Electrical Diagram as required by:
  - Specification Sheets for all manufactured components. If these sheets are available electronically, a web address will be accepted in place of an attachment, at the discretion of the municipality.
  - All diagrams and plans must be prepared by a PE or RA as required by New York State law and include the following:
    - (a) Project address, section, block and lot number of the property; (b) Owner's name, address and phone number;
    - (c) Name, address and phone number of the person preparing the plans; and (d) System capacity in kW-DC.

#### 3. Unified Solar Permit for Small-Scale Solar Electric Systems Application – PART C

#### 4. Permit Fee Amount

\$100 + \$5 per \$1000 of installation cost.

#### Permit Review and Inspection Timeline

Permit determinations will be issued within 14 calendar days upon receipt of complete and accurate applications. The municipality will provide feedback within 7 calendar days of receiving incomplete or inaccurate applications. If an inspection is required, a single inspection should be sufficient and will be provided within 7 calendar days of inspection request.

The NY-Sun Initiative, a dynamic public-private partnership, will drive growth of the solar industry and make solar technology more affordable for all New Yorkers.

Visit [ny-sun.ny.gov](http://ny-sun.ny.gov) for more information on the NY-Sun initiative.

Town of Warwick  
Building Department  
132 Kings Highway  
Warwick, NY 10990  
(845) 986-1127  
(845) 987-9644 Fax





## Eligibility Checklist – Part B

To determine if you are eligible for the expedited permitting process, answer the questions below.

- Yes  No 1. Solar installation has a rated capacity of 12 kW or less.
- Yes  No 2. Solar installation is not subject to review by an Architectural or Historical Review Board.
- Yes  No 3. Solar installation does not need a zoning variance or special use permit/conditional use permit.
- Yes  No 4. Solar installation is to be mounted on a permitted roof structure of a building, or on a legal accessory structure. If on a legal accessory structure, a diagram showing existing electrical connection to structure is attached.
- Yes  No 5. Solar installation is compliant with all applicable electrical and building codes.
- Yes  No 6. Solar installation is compliant with New York State Fire Code.
- Yes  No 7. The Solar Installation Contractor complies with all licensing and other requirements of the jurisdiction and the State.
  
- Yes  No 8. The proposed equipment is permitted by code and equipment meets all relevant certification standards.
- Yes  No 9. The solar electric system and all components will be installed per the manufacturer's specifications.
- Yes  No 10. The project will comply with adopted National Electrical Code® requirements.
- Yes  No 11. The roof has no more than a single layer of roof covering (in addition to the solar equipment).
- Yes  No 12. The system is to be mounted parallel to the roof surface, or tilted with no more than an 18 inch gap between the module frame and the roof surface.
- Yes  No 13. The system will have a distributed weight of less than 5 pounds per square foot and less than 45 pounds per attachment point to roof.

If you answered “No” to any of Questions 1-10, you are not eligible to participate in the expedited permitting process and must go through the standard permitting process dictated by the municipality. If you answered “No” to any of Questions 11-13, in order to use this form, in addition to other New York State PE or RA requirements, you must provide a letter from a Professional Engineer or Registered Architect certifying that the existing structure can support the additional weight and wind loads of the solar electric system. If you answered “Yes” to all of the above questions, please sign below to affirm that all answers are correct, and you have met all the conditions and requirements to participate in this expedited process.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Solar Installation Contractor Signature

\_\_\_\_\_  
Date

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## Application – Part C

### 1. Property Owner:

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Property Address \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot Number \_\_\_\_\_

### 2. Existing Use:

Single Family  2-4 Family  Commercial  Other \_\_\_\_\_

### 3. Provide the total system capacity rating (sum of all panels)

Solar Electric System: \_\_\_\_\_ kW-DC

### 4. Solar Installation Contractor and Electrician:

Installer Business Name \_\_\_\_\_

Installer Business Address \_\_\_\_\_

Installer Contact Name \_\_\_\_\_ Installer Phone Number \_\_\_\_\_

Installer License Number(s) \_\_\_\_\_ Installer Email \_\_\_\_\_

Electrician Business Name \_\_\_\_\_ Electrician License Number \_\_\_\_\_

### 5. What is the existing roofing material?

\_\_\_\_\_

### 6. Provide method and type of weatherproofing for roof penetrations (i.e., flashing, caulk).

\_\_\_\_\_

### 7. Is the mounting structure an engineered product designed to mount solar electric modules? Yes No

If no, provide details of structural attachment in a letter certified by a design professional.

*continued >*

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**Application – Part C (continued)**

**8. For manufactured mounting systems, provide the following information about the mounting system:**

- a. Mounting System Manufacturer \_\_\_\_\_
- b. Product Name and Model Number \_\_\_\_\_
- c. Total Weight of Solar Electric Modules and Rails \_\_\_\_\_ lbs.
- d. Total Number of Attachment Points \_\_\_\_\_
- e. Weight per Attachment Point (c ÷ d) \_\_\_\_\_ lbs.
- f. Maximum Spacing Between Attachment Points on a Rail \_\_\_\_\_ inches  
(see product manual for maximum spacing allowed based on maximum design wind speed)
- g. Total Surface Area of Solar Electric Modules (square feet) \_\_\_\_\_ ft<sup>2</sup>
- h. Distributed Weight of Solar Electric Module on Roof (c ÷ g) \_\_\_\_\_ lbs./ft<sup>2</sup>

**9. Indicate quantity, brand, make and model of the:**

**Inverter(s):**

Quantity	Make	Model

**Modules:**

Quantity	Make	Model

Please sign below to affirm that all answers are correct and that you have met all the conditions and requirements to participate in this expedited process.

Property Owner's Signature	Date

Solar Installation Contractor Signature	Date

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# TOWN OF WARWICK MINOR - BUILDING PERMIT APPLICATION

**FEES:**

**IF CERTIFICATE OF OCCUPANCY IS REQUIRED: \$75 + \$5 PER \$1000 OF COST (ROUND UP TO NEAREST THOUSAND)  
OR \$75 + .75 PER SQ. FT.**

**IF CERTIFICATE OF OCCUPANCY IS NOT REQUIRED: \$100 + \$5 PER \$1000 OF COST (ROUND UP TO NEAREST THOUSAND)**

*Payments accepted: Cash or Check. Make Checks Payable to: Town of Warwick*

**PAYMENT DUE WITH APPLICATION SUBMISSION!**

Date \_\_\_\_\_

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the Code of the Town of Warwick. The applicant agrees to comply with all applicable laws, ordinances and regulations.

**CHECKLIST: All must be checked prior to submitting permit to Building Department!!**

\_\_\_\_\_ APPLICATION NOTARIZED  
\_\_\_\_\_ SURVEY SHOWING SETBACKS

\_\_\_\_\_ PROJECT DESCRIPTION IN DETAIL  
\_\_\_\_\_ INSURANCE (WAIVER OR CERTIFICATE)

**SITE DATA:**

Section - Block - Lot: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Location: \_\_\_\_\_

**PROJECT:**

**DESCRIPTION:**

**SIZE:**

- |   |                             |               |
|---|-----------------------------|---------------|
| <input type="checkbox"/> New  | _____                       | _____         |
| <input type="checkbox"/> Existing (on property already - additional money owed) | _____                       | _____         |
| <input type="checkbox"/> Accessory Building (shed, barn, garage, etc)           | _____                       | _____ X _____ |
| <input type="checkbox"/> Fence  | _____                       | _____ X _____ |
| <input type="checkbox"/> Swimming Pool/Hot Tub                                  | ABOVE _____ INGR _____      | _____ X _____ |
| <input type="checkbox"/> Open Deck/Porch - (provide detailed sketch)            | _____                       | _____ X _____ |
| <input type="checkbox"/> Finish Basement - (provide layout sketch)              | _____                       | _____ X _____ |
| <input type="checkbox"/> Addition - (provide NYS stamped plans)                 | _____                       | _____ X _____ |
| <input type="checkbox"/> Renovations  | _____                       | _____ X _____ |
| <input type="checkbox"/> Solar Panels (Roof Mount or Ground Mount)              | # of Panels _____ kW= _____ | _____         |
| <input type="checkbox"/> Woodstove/Pellet Stove/Fireplace                       | _____                       | _____         |
| <input type="checkbox"/> Roof Replacement (re-roof)                             | _____                       | _____         |
| <input type="checkbox"/> Generator (\$50 app fee)                               | _____                       | _____         |
| <input type="checkbox"/> Renewal of Permit #: _____                             | _____                       | _____         |
| <input type="checkbox"/> Other: _____   | _____                       | _____         |

<b>ESTIMATED COST:</b>	\$ _____
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<b>APPLICATION FEE:</b>	\$ <b>\$75 or \$100*</b>
<b>BUILDING FEE:</b>	+ \$ _____
<b>TOTAL FEE:</b>	= \$ _____
(*see fee schedule at top of page to calculate cost)	

**PROVIDE FOLLOWING (if applicable):**

- Plot Plan w/ well & septic location (for pools)  
 Stamped New York State Plans

Planning Board Approval (if required)

If yes, Date approved: \_\_\_\_\_

ZBA Variance or Special Use Granted (If any):

If yes, Date approved: \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: \_\_\_\_\_ Mobile: \_\_\_\_\_

**ARCHITECT / ENGINEER**

**BUILDER/CONTRACTOR/DEVELOPER:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**INSURANCE (check one): (MUST be provided if having a builder do any work on your property)**

- Builder / Contractor / Developer - New York State Insurance Certificate (*Workers Compensation*)  
(U-26.3 or C-105 are the ONLY FORMS ACCEPTED! - ACORD FORMS ARE NOT VALID PROOF!)
- CE-200 Form: Certificate of Attestation of Exemption. To be filled out on [www.wcb.ny.gov](http://www.wcb.ny.gov) website.
- WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance.

**AUTHORIZATION (NOTARY):**

State of New York, County of \_\_\_\_\_, \_\_\_\_\_, being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(In front of a notary!)

**Owner Signature:** \_\_\_\_\_

**NOTARY PUBLIC:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Stamp:

*Owner waiver letter (needed if not the home owner)*

**FOR TOWN USE ONLY**

FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH AMOUNT OF CHECK: \_\_\_\_\_

Comments: \_\_\_\_\_ Application #: \_\_\_\_\_