OVER-THE-COUNTER BUILDING PERMIT CHECKLIST FOR RESIDENTIAL SOLAR PHOTOVOLTAIC SYSTEMS: ROOFTOP MOUNTED

Contractors can apply for an Over-The-Counter (OTC) permit where the PV system meets the requirements listed in this Checklist. All project plans and supporting documentation must be provided on site for the inspector.

--------TO BE COMPLETED BY APPLICANT-------

1 Project Information

Property Owner Name:			
Project Address:		Parcel #	
	City:	State.	ZIP:
Day Phone:			
Contractor Name			
Contractor License #:		Contractor day phone:	
Describe project: *Conventional framed built dwelling or garage, Pole structure, steel building, etc.* *Note: Manufactured/mobile homes require L&I Approval*			
PV system description (include manufacturer and model # of PV modules and inverters):			

2 Determine if your project qualifies for expedited permitting:

	Yes	No
1. PV system is designed and proposed for a detached one- or two-family dwelling or townhouse not more than three stories above grade or detached accessory structure that is code compliant to setbacks and height, or code allows expansion of nonconformity for solar modules. [IRC 101.2]	☐	☐
2. Modules on pitched roofs do not exceed the highest point of the roof unless approved by the local jurisdiction.	☐	☐
3. Rooftop is made from lightweight material such as a single layer of composition shingles, metal roofing, lightweight masonry, or cedar shingles.	☐	☐
4. The installation shall comply with the manufacturer's instructions. [IRC M2302.2]	☐	☐
5. The installation shall meet the requirements of NFPA 70 National Electric Code, and all required electrical permit(s) must be obtained from the Authority Having Jurisdiction to administer the electrical code. [IRC M2302.2]	☐	☐
6. The installation shall meet the requirements of the International Fire Code as amended by WA State. [IRC M2302.2]	☐	☐
7. The PV system is designed for the wind speed of the local area, and will be installed per the manufacturer's specifications. [IRC M2302.2.1(1)]	☐	☐
8. The ground snow load does not exceed 70 pounds per square foot. [IRC M2302.2.1(2)]	☐	☐
9. Total dead load of modules, supports, mountings, raceways and all other appurtenances weigh no more than four pounds per square foot. [IRC M2302.2.1(3)]	☐	☐

Enter total dead load of system (lbs/ft^2): Click here to enter text.		
10. To address uplift, modules are mounted no higher than 18" above the surface of the roofing to which they are affixed. [IRC M2302.2.1(4)]	☐	☐
11. Supports for solar modules are installed to spread the dead load across as many roof-framing members as needed to ensure that no point load exceeds fifty (50) pounds. [IRC M2302.2.1(5)]	☐	☐
12. The photovoltaic modules and supporting structure shall be constructed of noncombustible materials or fire-retardant treated wood equivalent to that required for the roof construction. [IRC M2302.2.1]	☐	☐
13. Roof and wall penetrations shall be flashed and sealed to prevent entry of water, rodents, and insects. [IRC M2302.2.2]	☐	☐
14. PV modules are listed and labeled with a fire classification in accordance with UL 1703. [IRC M2302.2.3]	☐	☐
Comments:		

If you answered yes to all of the above questions, the project qualifies for the over-the-counter permitting process.

❸ Submit this Checklist, Site Plan, and other required permit application forms to:

[insert contact info for jurisdiction having authority]

As the property owner or authorized representative of the above listed property, I attest that all information in this checklist is accurate to the best of my knowledge.

Applicant Signature:	Date:
Applicant Name (Please Print):	

--------TO BE COMPLETED BY MASON COUNTY STAFF------

Qualifies for OTC Building Permit? ☐Yes ☐No Staff Initials _____ Date:	Permit Application #:

MASON COUNTY COMMUNITY SERVICES
PERMIT ASSISTANCE CENTER:
• BUILDING • PLANNING • FIRE MARSHAL
615 W. Alder St - Shelton, WA 98584
www.co.mason.wa.us
Phone Shelton: (360)427-9670 ext. 352 • Fax: (360)427-7798
Phone Belfair: (360)275-4467 • Phone Elma: (360)482-5269

Permit No:_____

PLUMBING & MECHANICAL PERMIT APPLICATION

OWNER INFORMATION:
NAME:_____
MAILING ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
1st PHONE:_____
2nd PHONE:_____
EMAIL:_____

CONTRACTOR INFORMATION:
NAME:_____
MAILING ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
PHONE:_____ CELL: _____
EMAIL :_____
L&I REG #_____ EXP. ___/___/___

PARCEL INFORMATION:
PARCEL NUMBER (*12 Digit Number*):_____ *Zoning*:_____
LEGAL DESCRIPTION (*Abbreviated*):_____
SITE ADDRESS:_____CITY:_____
DIRECTIONS TO SITE ADDRESS:

TYPE OF JOB:
NEW ☐ ADD☐ ALT☐ REPAIR☐ OTHER☐ USE OF BUILDING_____
LOCATION OF FIXTURES/UNITS – 1ST FLOOR☐ 2ND FLOOR☐ BASEMENT ☐ GARAGE☐ OTHER☐

PLUMBING FIXTURES (SHOW NUMBER OF EACH)

Type of Fixture	No. of Fixtures	Fees
Toilets	_____	_____
Bathroom Sink	_____	_____
Bath Tubs	_____	_____
Showers	_____	_____
Water Heater	_____	_____
Clothes Washer	_____	_____
Kitchen Sinks	_____	_____
Dishwasher	_____	_____
Hose bibs	_____	_____
Other	_____	_____
	Base Fee	_____
	TOTAL PLUMBING	_____

MECHANICAL UNITS
Fuel Type:Electric☐ LPG☐ Natural Gas☐ Ductless☐

Type of Unit	No. of Units	Fees
Furnace	_____	_____
Heat Pump	_____	_____
Spot Vent Fan	_____	_____
Propane Tank	_____	_____
Gas Outlets	_____	_____
Wood/Gas/Pellet Stove	_____	_____
Kitchen Exhaust Hood	_____	_____
Dryer Vent	_____	_____
Solar Panel	_____	_____
Other	_____	_____
	Base Fee	_____
	TOTAL MECHANICAL	_____

OWNER acknowledge submission of inaccurate information may result in a stop work order or permit revocation. Acknowledgement of such is by signature below. I declare that I am the owner, owners legal representative, or contractor. I further declare that I am entitled to receive this permit and to do the work as proposed. I have obtained permission from all the necessary parties, including any easement holder or parties of interest regarding this project. The owner or authorized agent represents that the information provided is accurate and grants employees of Mason County access to the above described property and structure(s) for review and inspection. This permit/application becomes null & void if work or authorized construction is not commenced within 180 days or if construction work is suspended for a period of 180 days. **PROOF OF CONTINUATION OFTHIS PERMIT IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS WILL INVALIDATE THE APPLICATION.**

X_____ _____
Signature of Owner **Date**

DEPARTMENTAL REVIEW	APPROVED	DATE	DENIED	DATE	TAGS/NOTES/CONDITIONS
BUILDING DEPARTMENT					
PLANNING DEPARTMENT					
FIRE MARSHAL					